

High in the City: A History of Drug Use in Mexico City, 1960-1980

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Abstract

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This project analyzes drug use in Mexico City between 1960 and 1980, the decades when the Mexican state began criminalizing common drugs like marijuana, and prosecuting the consumers of legal drugs such as toxic inhalants. In order to explain this contradiction, this dissertation assesses more than 3,000 Juvenile Court records, police files, health department and hospital documents, journal articles, drug legislation, and personal anecdotes. It argues that consumption and prosecution trends largely corresponded to socioeconomic class. Furthermore, these class-based consumption trends affected Mexican drug policies. According to the Mexican health department and penal reports examined in this dissertation, the Mexican state responded to the rise in drug use by pushing legislation to further criminalize marijuana.

Yet the inner workings of that legislation tell a different story. Police records and Juvenile Court cases expose a rise in the detention and arrest of children who consumed toxic inhalants, a legal substance. The Mexican state found it more difficult to punish the children of middle-class government employees and professionals than the poor. In criminalizing poor, young drug users, the government could demonstrate its active efforts to address rising drug use. Consequently, the state created a new criminal class out of lower-class children who inhaled toxic legal substances in Mexico City. From a criminal and health perspective, this dissertation emphasizes the need to consider the impact of Mexican drug use trends on drug policy from the 1960s to the 1980s.

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List of Abbreviations

AGN – Archivo General de la Nación
CEMEF – Centro de Estudios Mexicanos en Farmacodependencia
CIJ – Centro de Integración Juvenil
CNPf – Consejo Nacional en Problemas de Farmacodependencia
CTPMI – Consejo Tutelar para Menores Infractores
DOF – Diario Oficial de la Federación
DFS – Dirección Federal de Seguridad
DSP – Departamento de Salubridad Pública
FBN – Federal Bureau of Narcotics
IMSS – Instituto Mexicano de Seguro Social
ISSSTE – Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado
PGR – Procuraduría General de la Nación
SEP – Secretaría de Educación Pública
SRE – Secretaría de Relaciones Exteriores
SSA - Secretaría de Salubridad y Asistencia
UN – United Nations
WHO – World Health Organization

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Dedication

Para todos los niños Mexicanos

Introduction

Mexico and illegal drugs are often associated in the news and scholarship. Most studies focus on the 1980s, emphasizing militarization and the trafficking of cocaine. However, before the 1980s, there was a dynamic drug culture in Mexico that had a pivotal effect on the way Mexico dealt with drug issues.¹ Few scholars have examined this period and no scholarship exists on inhalant use in Mexico City for this period.² Archival records indicate that in the 1960s Mexico witnessed a dramatic change among its population in terms of who was using drugs, and what types of drugs they were consuming. There was an unprecedented rise in illegal drug consumption among Mexican minors from middle and poor economic classes. Additionally, the most common drugs minors consumed were marijuana and industrial chemicals, the latter a legal substance.³ The use of marijuana was alarming to authorities because it began to occur more frequently among minors. However, the real threat to the health of young Mexicans was the rise of industrial chemicals for personal consumption. The harmful effects of sniffing toxic chemicals on young and developing bodies was left unaddressed by legislation. The Mexican state advanced sanitary and penal legislation that criminalized marijuana and other drugs, like LSD and peyote. Individuals who abused toxic industrial chemicals by sniffing the chemical and becoming intoxicated by the

¹ The few drug use studies in Mexico include: Isaac Campos, *Home Grown: Marijuana and the Origins of Mexico's War on Drugs* (Chapel Hill: University of North Carolina Press, 2012); Alexander Dawson, *The Peyote Effect: from the Inquisition to the War on Drugs* (Los Angeles: University of California Press, 2018); Ricardo Pérez Montfort, *Yerba, Goma y Polvo: drogas, ambientes y policías en México* (Mexico City: Conaculta-INAH, 1999) and *Tolerancia y Prohibición: Aproximaciones a la historia social y cultural de las drogas en México, 1840-1940* (México City: Penguin Random House, 2016).

² There are passing comments on the drug culture in Mexico in the 1960s but no work has been done to analyze drug use for this period. See Eric Zolov, *Refried Elvis: The Rise of the Mexican Counterculture* (Berkeley: University of California Press, 1999).

³ These substances included glue, paint thinner, contact cement, and shoe polish. Because these substances were typically inhaled, I use “inhalant” and “toxic solvents” interchangeably throughout the dissertation.

fumes (henceforth known as “inhalant use”) received an entirely different approach. The Mexican police frequently detained drug users. Yet, minors using inhalants were detained much more regularly than users of any other drug. Why was this the case? Why did the Mexican state criminalize one drug in its legislation but in practice prosecute the consumers of another, one that was not even codified in the law as being illegal?

To better understand drug use in Mexico City during the second half of the twentieth century I examined data from the Mexican Juvenile Court between 1960 and 1975, and developed a sample of several thousand cases. The sample cases were cross-referenced with census records, medical journals, health records, and the media to establish a number of findings. First, that industrial chemicals, like glue, were the drugs of choice among lower-class minors and marijuana among middle-class minors. Second, while sniffing toxic chemicals has never been illegal, a disproportionate amount of these minors were arrested, as compared to their higher socioeconomic peers, who smoked illegal marijuana.⁴ Third, health specialists were concerned about overall drug use among minors, including industrial chemicals, yet there was no legislative criminalization or regulation of inhalant use. Fourth, legislators failed to prohibit inhalant use because limiting such an important industrial substance would hinder Mexico’s modernization process.⁵ The history of

⁴ Scholars have repeatedly noted the widespread corruption in the Mexican police force. For more on the history of the police and/or corruption see Ethan Nadelmann, “The DEA in Latin America Dealing with Institutionalized Corruption,” *The Police Journal* Vol. 62 No. 1 (1989): 31 – 42; Aaron Navarro, *Political Intelligence and the Creation of Modern Mexico, 1938-1954* (University Park: Pennsylvania State University Press, 2010); Thomas Rath, *Myths of Demilitarization in Postrevolutionary Mexico, 1920-1960* (Chapel Hill: University of North Carolina Press, 2013); Daniel Sabet, *Police Reform in Mexico: Informal Politics and the Challenge of Institutional Change* (Stanford: Stanford University Press, 2012); Pablo Piccato *A History of Infamy: Crime, Truth, and Justice in Mexico* (Oakland: University of California Press, 2017); Carlos A. Pérez Ricart, “The Narcotics Agencies in the United States and the Transnational Construction of the War on Drugs in Mexico (1938-1978),” (PhD Dissertation, Freie Universität Berlin, 2016).

⁵ My use of the term “modernization” refers first to modernization as a process of industrialization, specifically in terms of economic development, industrial production, and urban growth. Modernization centers on the Mexican government’s programs to achieve social justice and equity for the nation as well as the eradication of former cultural practices through the promotion of new social behaviors. The ruling party implemented new western-influenced policies regarding technology, hygiene, criminology, sanitation, policing, and architecture in the city. The Mexican poor were contained within discourses of revolutionary social reform and were viewed as works in progress;

drug use in Mexico shows the effects of industrialization and the challenges the Mexican state faced in addressing these effects. Modernization led to an increase in consumption, like drugs, and new types of consumers (minors). Consumption practices shaped Mexican prohibitionist efforts to a greater extent than external pressures. This defies the common assumption that Mexican drug policies were imposed from abroad and. Not a reaction to local conditions or practices.

Brief Background

Mexico witnessed an average annual growth rate of its industrial products of more than six percent and a per capita gross domestic product that doubled between 1950 and 1973.⁶ This growth was the product of a prosperous global economic context following the Second World War. This, coupled with an internal economic strategy known as Import Substitution Industrialization, or ISI, helped to stimulate the growth of the Mexican middle-class. New formations of identity developed based on class. These identities were greatly influenced by American consumption patterns and culture that entered Mexico in the 1950s.⁷ The arrival of new consumption trends changed the way people lived, the way they shopped, and the goods they purchased. Social status became tied to appliances, clothes, and gadgets.⁸ Mexico's new middle-class relentlessly pursued these products and the values associated with them. Consumption became a mark of middle-class modernity and a sign of the nation's material advancement, as well as a symbol of development. Consumption

modernization efforts would transform the urban poor into productive and modern workers and citizens. For more on the term and its component elements see Stuart Hall, David Held, Don Hubert, and Kenneth Thompson, eds., *Modernity: An Introduction to Modern Societies* (Cambridge: Blackwell, 1996).

⁶ Jurgen Buchenau and Gilbert Joseph, *Mexico's Once Revolution: Social Upheaval and the Challenge of Rule Since the Late Nineteenth Century* (Durham: Duke University Press, 2013), 156.

⁷ See Soledad Loaeza, *Clases medias y política en México: La querrela escolar, 1959-1963* (Mexico City: Colegio de México, Centro de Estudios Internacionales, 1988) and Louise Walker, *Waking from the Dream: Mexico's Middle Classes after 1968* (Stanford: Stanford University Press, 2013).

⁸ See Julio Moreno, *Yankee Don't Go Home! Mexican Nationalism, American Business Culture, and the Shaping of Modern Mexico, 1920-1950* (Chapel Hill: The University of North Carolina Press, 2003).

was not only a status marker for the middle-class but for the lower-class as well, who perceived the purchase of consumer goods as a means to acquire middle-class status.

Drugs were also a consumer product, and so drug use accompanied the economic prosperity Mexico witnessed from prior decades. By the 1970s, drug use in Mexico had become a matter of grave concern according to authorities and the press. A 1970 article in *Novedades* announced the alarming rate at which Mexican minors were consuming drugs, reporting a 1,300 percent increase of drug use in Mexico City minors from 1967 to 1969.⁹ The article went as far as to compare drug addiction as the “slavery of the twentieth century,” in which drug traffickers and dealers target children and consequently their minds “are destroyed.”¹⁰ A team of medical doctors, psychologists, psychiatrists, judges, police, and criminologists painted a picture of a drug “problem” that helped create a visible link between minors, deviance, and subversion.¹¹ In the process, experts and the press framed the drug “problem” as one of “moral decadence,” a “lack of intrinsic” values, a cause of “social disintegration,” and therefore a problem of national security.¹²

⁹ Juventino Chávez, “El 14 por ciento de la actual juventud capitalina consume drogas y enervantes,” *Novedades*, 2 August 1970, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo.

¹⁰ Manuela A. Díaz Cid. “Drogadicción: Esclavitud del Siglo.” *El Heraldo de México* 17 June 1972, 4.

¹¹ This is in part due to the growing influence of cultural media that came in with economic prosperity, like movies, radio programs, magazine ads that promoted a move away from the *buenas costumbres*. These were the unspoken social norms; a class and gender loaded notion implying “proper upbringing.” In the United States this may be translated to “family values.” On Mexican Conservatism see Jaime Pensado, *Rebel Mexico: Student Unrest and Authoritarian Political Culture during the Long Sixties* (Stanford: Stanford University Press, 2013); “La campaña contra el tráfico de drogas abarcará 4 estados,” *Excelsior* 7 August 1966, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo; Carlos Ravelo, “La lucha contra las drogas,” *Excelsior*, 9 June 1965, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo.

¹² Cristina Diego Fernández, “Las drogas, aventura mortal (III Parte),” *El Heraldo de México*, 2 July 1980, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo; “Las drogas, aventura mortal (v Parte),” *El Heraldo de México*, 4 July 1980, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo; “Niños indígenas y campesinos huyen del hogar for falta de comprensión,” *Excelsior*, 4 July 1980, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo. See also Martha Robles, “Libertad o drogas. El cerco de la degradación,” *Excelsior*, 3 June 1988, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo; Eduardo A. Hacho, “Drogadicto o alcohólico, 40% del estudiantado de nivel Medio,” *Excelsior*, 25 July 1987, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo.

These experts believed that drug consumption weakened the future of the nation by fueling moral decadence, thus paving the way for undermining traditional mores of the nation. While these fears lent particular urgency to the projects advocated by pioneers of the drug counseling profession, it was not the crisis, at least in terms of illegal drugs, that authorities proclaimed. Consumption was actually less than it was reported in the press.¹³ Yet, these moral panics and juvenile drug use did reveal an inherent complication of Mexico's modernity project.

The emerging juvenile drug culture in Mexico City reflected two sides of the "Mexican Miracle." Poet and Nobel Prize winner Octavio Paz stated that the economic boom had produced "two Mexico's, one developed and the other underdeveloped." Paz wrote that "half of Mexico – poorly clothed, illiterate, and underfed – had watched the progress of the other half."¹⁴ The evolution of a consumerist mentality contained a set of contradictions and raised concerns about the "success" of the processes of modernization, urbanization, and economic growth in Mexico. This involved youth drug use.

Two parallel pathways of drug use divided the emerging cultural landscape in the early 1960s, both rooted in the types of drugs that minors chose. One was based on marijuana, and the other on industrial chemicals, like glue. Middle-class minors commonly consumed marijuana, and occasionally peyote and hallucinogenic mushrooms. More specifically, smoking marijuana had become a symbol of middle-class status, and to a certain extent, a privilege. The ability to buy and consume marijuana was not an opportunity afforded to all during Mexico's modernization process because not all could afford it.

¹³ According to Dr. Ernesto Lammoglio Ruíz, coordinator of the Centro de Trabajo Juvenil of the Dirección de Salud Mental, in 1970 10 percent of Mexican youths had tried marijuana. See also Chávez, "El 14 por ciento de la actual juventud capitalina consume drogas y enervantes." In survey conducted in 1971 at the national preparatory school only 1.2 percent admitted they had used Hongos, 1.2 percent had used LSD, while 10.7 percent had used thinner, 10.4 percent marijuana, and 56.6 percent alcohol. Secretaría de Salubridad y Asistencia, Caja 244 Exp. 2.

¹⁴ Octavio Paz, *The Other Mexico: Critique of the Pyramid* (New York: Grove Press, 1972), 260 and 271.

Lower class urban minors who could not always afford marijuana chose industrial chemicals, such as industrial adhesive (glue) and paint thinner. These industrial chemicals were readily available from Mexico's thriving industry from the previous two decades. The most important industrial activities undertaken in Mexico City were the manufacturing of clothing and furniture, production of rubber, plastic, and metal goods, printing and the assembly and repair of electrical goods. The chemical and plastics industry were some of the most important branches by total number of employees (18 percent personnel) between 1940 and 1970.¹⁵

Most of the production of chemical and plastic industries was for a national and local market. One of the leading brands, and glues of choice for personal use, was founded in 1941: Adhesivos Resistol.¹⁶ Rodolfo Patrón, Resistol's founder, opened the first factory in the municipality of Xochimilco in Mexico City. The industry did so well that in 1954 Resistol launched a white glue, Resistol 5000, a contact adhesive, and began wholesale distribution of its products to mom and pop shops that would then sell to carpenters, shoemakers, and artisans.¹⁷ By the 1970s, Resistol had positioned itself as one of the most important consumer brands in all of Mexico, and minor drug users chose Resistol brand over others. Industrial chemicals, like glue, were accessible, and often poor minors lived or worked in the manufacturing sectors of the city. Thus, lower class use of industrial chemicals like Resistol was a product of industrialization and modernization projects. Industrial chemicals helped make economic growth in Mexico possible, while also giving residents more prominent access to industrial products. However, the consumers

¹⁵ Peter Ward, *Mexico City* (New York: John Wiley & Sons, 1998), 28.

¹⁶ The glue was at first distributed to breweries to help paste the labels to the bottles and to cigarette manufacturing companies.

¹⁷ In fact, in the 1960s the company launched the so-called "Resitol Caravan," whose sole purpose was to travel to every reach of Mexico and give out samples of the product to carpenters, shoemakers, and artisans.

of industrial chemicals were left out by the very process that allowed economic growth in the first place.

Industrial chemicals, like glue, were different from others like marijuana and LSD. Unlike pretty much every other drug, industrial chemicals were a product of industrial society and not at all intended for human consumption. These include industrial solvents (xylene, toluene, acetone, etc.), aerosols (hydrocarbons, chlorine, and fluorine), and anesthetics (chloroform, ether, and nitrate oxide).¹⁸ The psychological and physiological effects of industrial chemicals are similar to those of alcohol and sedatives. The effects on the nervous system include headaches, dizziness, and light-headedness progressing to unconsciousness, seizures, and death.¹⁹ Individuals can die as a direct result of an overdose of industrial chemicals. Marijuana, on the other hand, is an herbaceous plant that is grown in mild climates, including parts of Mexico. It is often used for its mental and physical effects, general change in perception, change in appetite, and heightened mood.

Why did lower class minors choose industrial chemicals over alcohol? The answer is simple: industrial chemicals, like glue, were cheaper and easier for minors to buy than alcohol. But briefly discussing alcohol shows how conversations about the effects of alcohol were similar to those of drugs. Alcohol had been used for centuries and the discourse surrounding it was far more diverse and developed. Since the *Porfiriato* (1876-1910, name given to the Presidency of Porfirio Díaz), authorities viewed alcohol use as an immoral diversion representative of lower-class, inferior values which led to a life of crime.²⁰ Concerns over the effects of alcohol were far

¹⁸ <https://www.drugabuse.gov/drugs-abuse/inhalants>

Accessed May 16 2017.

¹⁹ Finlay David Dick, "Solvent Neurotoxicity," *Occupational and Environmental Medicine* Vol. 63 No. 1 (March 2006): 221 – 226.

²⁰ Pablo Piccato, "El paso de Venus por el disco del sol: Criminality and Alcoholism in the Late Porfiriato," *Mexican Studies/Estudios Mexicanos* Vol. 11, No. 2 (Summer 1995), 211.

greater than they were for drugs: “no social problem more concerned Porfirian authorities than alcoholism, and certainly the same can be said about many of the leaders who emerged victorious from the Mexican Revolution.”²¹ It was during the Porfiriato that excessive alcohol consumption, specifically *pulque* (made from maguey cactus and preferred drink of the poor), and crime were tied together to form scientific views of lower-class society. Alcoholism was anti-modern, immoral, and criminal.²² According to the elites, alcohol destroyed the structure of family life, impaired workers’ abilities to perform skilled labor in the growing industries of the city and passed on social disease to future children. This allowed Porfirian elite society to morally distinguish themselves from the criminal masses of the urban poor. These sentiments from the Porfiriato carried into the mid-century and over to other vices, such as drug use, a point I return to later in this dissertation.

Periodization

This project begins in the decade of the 1960s, when Mexican public health sources from the Secretaría de Salubridad y Asistencia (Secretary of Health and Welfare, henceforth SSA), newspaper and journal articles, university studies, legislative reports, and Juvenile Court documents indicated that drug use among Mexican minors escalated. The primary drugs outlined in these documents were marijuana and industrial chemicals. Other hard drugs like hallucinogens, cocaine, and LSD made a rare appearance in the files. Therefore, this study focuses on marijuana and industrial chemicals in more detail. The aforementioned sources demonstrate that minors and their use of drugs was becoming more frequent. Documents from the Juvenile Court taken from a

²¹ Campos, *Home Grown*, 105 and 182. See also Pérez Ricart, “The Narcotics Agencies in the United States and the Transnational Construction of the War on Drugs in Mexico (1938-1978),” 188.

²² Garza, *The Imagined Underworld*, 133.

sample (explained below) and cross referenced with census records for the same period show 1960 as a point for the increase of drug use among minors. Public health records from the 1970s reveal the creation of various institutions to deal specifically with drug use among minors. The legislative debates and the formulation of new laws show that the state pushed the criminalization of marijuana and even created provisions to punish individuals who coerced minors to participate in drug-related offenses.

The 1960s and 1970s were also the decades that witnessed the effects of rapid social and cultural transformations wrought by rapid industrialization during the 1940s and 1950s. One of the most pivotal events historians characterize is the 1968 student movement. The movement articulated the restlessness and rage for much of Mexico's middle-class youth which had come of age during Mexico's claimed modernizing "miracle," and which afterward opened the floodgates of cynicism and everyday resistance to the ruling party, the Partido Revolucionario Institucional, PRI.²³ While the 1968 student movement is often the focus of scholarship for the 1960s, there were other aspects of the social and cultural transformation of the period that merit attention.²⁴ Drug use

²³ The PRI was founded in 1929 as the Partido Nacional Revolucionario; in 1938 it changed its name to the Partido de la Revolución Mexicana; and in 1946 it became the Partido Revolucionario Institucional. The PRI held uninterrupted power in Mexico for 71 years from 1929 to 2000.

²⁴ The historiography on 1968 in Mexico is vast and growing, particularly as access to government documents on both sides of the border become available. Most literature focuses on the question of state repression and student protest. Works from the Mexican perspective includes Sergio Aguayo Quezada, *1968: Los archivos de la violencia* (Mexico City: EditorialGrijalbo/Reforma, 1998); Raúl Álvarez Garín, *La estrella de Tlatelolco: Una reconstrucción histórica del movimiento estudiantil del 68* (Mexico City: Grijalbo, 1998); Julio Scherer García & Carlos Monsiváis, *Parte de Guerra: Tlatelolco 1968* (Mexico City: Nuevo Siglo/Aguilar, 1999); Carlos Montemayor, *Rehacer la historia: Análisis de los nuevos documentos del 2 de octubre de 1968 en Tlatelolco* (Mexico City: Planeta, 2000); Elena Poniatowska, *Massacre in Mexico*, trans. Helen R. Lane (Independence: University of Missouri Press, 1992); and Paco Ignacio Taibo II, *68*, trans. Donald Nicholson-Smith (New York: Seven Stories Press, 2004). Those which focus on the cultural context include Ariel Rodríguez Kuri, "El otro 68: Política y estilo en la organización de los juegos olímpicos de la ciudad de México," *Relaciones* 19 (Fall 1998) 109-29; Ariel Rodríguez Kuri, "Hacia México 68: Pedro Ramírez Vázquez y el proyecto olímpico," *Secuencia* Vol. 56, Issue May-August, pp37-73; Luis Castañeda, "Beyond Tlatelolco: Design, Media and Politics at Mexico '68," *Grey Room* vol. 40 (Summer 2010): 100-126; Jorge Volpi, *La imaginación y el poder: Una historia intelectual de 1968* (Mexico: Era, 1998); Eric Zolov, "Showcasing the Land of Tomorrow: Mexico and the 1968 Olympics," *The Americas* Vol. 61, No. 2 (October 2004) 159-188; Eric Zolov, *Refried Elvis: The Rise of the Mexican Counterculture* (Berkeley: University of California Press, 1999). Examining the role of Mexican memory see Lessie Jo Frazier and Deborah Cohen, "Defining the Space of Mexico '68: Heroic Masculinity in the Prison and 'Women' in the Streets," *Hispanic American Historical Review* 83:4 (November 2003), pp. 617-60;

is one of them. For many lower- and middle-class minors who came of age in the 1960s, drugs like marijuana and industrial glue were a part of their everyday lives. Looking at drug use in the 1960s and 1970s pushes beyond the boundaries of political activism and participation, examining alternate ways in which citizens could negotiate their rights as citizens.²⁵ The economic, cultural, political, and social variables that occurred outside of the formal political arena not only hindered the party's national program, but also shaped people's daily lives and their understanding of their place within the state.

This project ends in the 1980s. In the 1980s Mexico witnessed the emergence of neoliberalism, which contrasts to state-led development from the 1940s through the 1960s. neoliberalism radically altered accessibility, production, and class basis of drug use and policy. My research uses 1986 as an end point, when President Miguel de la Madrid (1982-1988) declared the drugs a national threat, authorizing expanding military presence in anti-narcotics efforts in Mexico. This shift is significant because until 1986 the public health and police approaches towards drug use coexisted in a tense equilibrium within state policies. Therefore, studying the period between the 1960s and 1986 demonstrates how the change in drug use over time affected government approaches towards drug use.

Historiography

My dissertation breaks new ground in the field of drug studies and Mexican history by delving into the largely unexplored topic of drug consumption in Mexico, especially of industrial chemical use, by bringing the history of drug consumers into focus, and by understanding drug use

Elaine Carey *The Plaza of Sacrifices: Gender, Power, and Terror in 1968 Mexico* (Albuquerque: University of New Mexico Press, 2005); and Vania Markarian, "El movimiento estudiantil mexicano de 1968: Treinta años de debates públicos," *Anuario de Espacios Urbanos* (2001), pp. 239-64.

²⁵ Pensado, *Rebel Mexico*.

as directly related to social class in Mexico.²⁶ A history of drug use will explain why a drug problem emerged in Mexico, and how it escalated over time. In addition, incorporating inhalant use into the history of drugs challenges the way scholars define intoxication and drugs. Finally, I contribute to the history of modern Mexico by examining the effects of Mexico's industrialization process on Mexican citizens.

This dissertation adds to recent revisionist works that challenge the long-held notion that drug prohibition was forced on Mexico by the United States.²⁷ A number of studies focus on the militarization of drug policies and prohibition efforts in an attempt to understand its origins. The traditional narrative on the demand for drugs and consequent expansion of drug trafficking in Mexico is that demand for drugs like marijuana, cocaine, and heroin was stemming from the United States and European countries.²⁸ While there was demand in these areas, this did not mean that demand was non-existent in Mexico, specifically for marijuana, or that local demand did not have a significant impact on Mexican drug policy. Mexico's War on Drugs was not simply a response to U.S. pressure. The "War on Drugs" was not imposed on a society where drugs were produced, but not consumed in any significant degree. I contend that Mexico's deeply ingrained consumption culture also drove policymaking. By examining the complexities of drug use and

²⁶ Paul Gootenberg, and Isaac Campos, "Toward a New Drug History of Latin America: A Research Frontier at the Center of Debates," *Hispanic American Historical Review* 95, no. 1 (2015): 1-35.

²⁷ See for example, Campos, *Home Grown*, and "Mexicans and the Origins of Marijuana Prohibition in the United States: A reassessment," *The Social History of Alcohol and Drugs* Vol.33 No. 1 (January 2018): 6-37; Elaine Carey, *Women Drug Traffickers: Mules, Bosses, and Organized Crime* (Albuquerque: University of New Mexico Press, 2014); Pérez Montfort, *Yerba, Goma y Polvo: and Tolerancia y Prohibición*; Pérez Ricart, "The Narcotics Agencies in the United States and the Transnational Construction of the War on Drugs in Mexico (1938-1978);" Aileen Teague "Mexico's Dirty War on Drugs: Source Control and Dissidence in Drug Enforcement," *The Social History of Alcohol and Drugs* Vol.32 No. 1 (March 2019): 63-87.

²⁸ Luis Astorga, *El siglo de las drogas: Usos, percepciones, y personajes* (Mexico: Espasa-Hoy, 1996) and *Drogas sin fronteras* (México, D.F.: Grijalbo, 2003), Carmen Boullosa and Mike Wallace, *A Narco History: How the United States and Mexico Jointly Created the "Mexican Drug War"* (New York: OR Books, 2015); Valdes Castellanos, *Historia del narcotráfico en México* (Mexico: Aguilar, 2013); Froylán Enciso *Nuestra Historia Narcótica: Pasajes pra (re)legalizar las drogas en Mexico* (Mexico City: Penguin Random House, 2015); Daniel Weimer, *Seeing Drugs: Modernization, Counter-insurgency, and U.S. Narcotics Control in the Third World, 1969-1976* (Kent: Kent State University Press, 2011).

demand for drugs on the Mexican side of the border, I reveal how drug use was more substantial than scholars have led us to believe. The literature rarely discusses the national concern Mexico had about drug use, specifically towards its minors, and how this led to major policy changes in legal and sanitary codes. I examine the nuances in the patterns, trends, and behaviors of drug use in the 1960s and 1970s in Mexico City that expose the importance of internal demand for drugs on Mexican drug policy, public health debates, and judicial proceedings.

There is scarce scholarship to be found to understand the use and history of inhalants in Mexico. Users of inhalants and industrial chemicals are close to forgotten in the historiography of drugs. There are a number of studies on the history of drugs in Mexico in the second half of the twentieth century, yet not a single word has been devoted to inhalants.²⁹ The literature on inhalant use in Mexico is mostly biomedical³⁰ or epidemiological, with a few qualitative studies in the mix.³¹ Biomedical and epidemiological work is concerned with harm to the bodies of inhalant users, like liver and kidney injury, hearing loss, brain damage, and does not historicize or explore how individuals perceived the sensations that inhalants gave them. There is also a growing literature on street children in Mexico City that contains references to inhalant use.³² These and

²⁹ Refer to footnote 21 and 22 above.

³⁰ The most prominent scholarship on the bodily effects of inhalants include Silvia Cruz “The Latest Evidence in the Neuroscience of Solvent Misuse: An Article Written for Service Providers,” *Substance Use and Misuse*, (May 2011): 62-67; Silvia Cruz and Scott Bowen “Inhalant Abuse,” in Milagros Mendez and Ricardo Mondragón-Ceballos eds. *Neural Mechanisms of Action of Drugs and Natural Reinforcers* (Kerala: Research Signpost, 2008): 61-87; Silvia Cruz and Mario Domínguez, “Misusing Volatile Substances for their Hallucinatory Effects. A Qualitative Pilot Study with Mexican Teenagers and a Pharmacological Discussion of their Hallucinations,” in *Substance Use & Misuse* Vol. 46 (2011): 84-94.

³¹ For Mexico these include María Elena Medina-Mora, Arturo Ortiz, Carlos Caudillo, Salvador López, “Inhalación deliberada de disolventes en un grupo de menores mexicanos,” in Martha Mayagoitia Talamante eds., *Compilaciones de investigaciones específicas en disolventes inhalables* (México: Centros de Integración Juvenil, 1988), 319 – 351; María Elena Medina-Mora and Arturo Ortiz, “Epidemiology of Solvent/Inhalant Abuse in Mexico,” in Raquel Crider and Beatrice Rouse eds. *Epidemiology of Inhalant Abuse: An Update* (Rockville: National Institute of Drug Abuse, 1988): 140-171; Antonio Rodríguez, Fidel de la Garza, Iván Mendiola, Salvador Rabago *Adolescencia marginal e inhalantes* (México D.F.: Editorial Trillas, 1977); Graciela Terroba García *Estudio Epidemiológico Sobre el Consumo de Drogas en el Distrito Federal* Tesis (México: Universidad Autónoma de México, 1978).

³² For some studies on street children that include inhalant use see David Fernández, *Malbareando. La cultura de los niños en la calle* (México: Centro de Reflexión Teológica, 1995); Roy Gigengack, “Populachos and Callejeros. Stories About Street Children and Other Urban Poor in Mexico City,” in *Medische Antropologie* Vol. 12 No. 1 (2000): 71-

other works on street children worldwide place economic inequality and deprivation at the center of their analysis.³³ Scholars conclude that inhalant use can be explained in terms of the neglect of these children because they were underprivileged, and used cheap and accessible substances. Finally, there is emerging scholarship on the meanings of drug use and experiences associated with inhalant use.³⁴ Like the rest of the literature, these studies fail to place these drugs and their users within a historical context.

Little scholarship exists on exploring how industrial chemicals are used for personal consumption with the intention of intoxication. Like other drugs, recreational use of industrial chemicals cause intoxication for their consumers. The use of legal drugs, like industrial chemicals, for pleasure raise questions about how scholars label drugs as pleasure seeking substances. Drug historian David Courtwright argued that no drug is “inherently evil, all can be abused, all are sources of profit.”³⁵ Perhaps the incomprehension and indignation towards using industrial chemicals for personal consumption has hindered our understanding of it as a recreational form of

102; Rafael Gutiérrez and Leticia Vega “Niñas y Niños “callejeros,” uso de sustancias y atención en México,” *Revista Peruana de Drogodependencias Análisis e Investigación* (2008): 55-74.

³³ The following studies use inequality and poverty as an explanation of inhalant use among street children and minors in developing nations: Shane Blackman, “An ethnographic study of youth ‘underclass,’” in Robert MacDonald eds., *Youth, the ‘Underclass,’ and Social Exclusion* (London: Routledge, 1997), 113-129; Robert MacDonald and Jane Marsh, “Crossing the Rubicon: Youth Transitions, Poverty, Drugs and Social Exclusion,” *International Journal of Drug Policy*, Vol 13 (2002): 27–38; Joseph Cottrell-Boyce, “The Role of Solvents in the Lives of Kenyan Street Children: An Ethnographic Perspective,” in *African Journal of Drug & Alcohol Studies* Vol. 9 No. 2 (2010): 93-102; Colleen Anne Dell, Steven Gust, and Sarah Maclean, “Global Issues in Volatile Substance Misuse,” in *Substance Use & Misuse* Vol. 46 (2011): 1-7; Tobias Hecht *At Home in the Street: Street Children of Northeast Brazil* (Cambridge: Cambridge University Press, 1998); Sarah Maclean, “Global Selves: Marginalized Young People and Aesthetic Reflexivity in Inhalant Drug Use,” in *Journal of Youth Studies* Vol. No. 4 (September 2007): 399-418; Tom Ogburn, Leonie Cox and Jude Saldanha, “Paint on their Lips: Paint-sniffers, Good Citizens and Public Space in Brisbane,” in *Journal of Sociology* Vol. 42 No. 4 (2006): 412-428; and Nancy Scheper-Hughes and Daniel Hoffman, “Brazilian Apartheid: Street Kids and the Struggle for Urban Space,” in Nancy Scheper-Hughes, Carolyn Sargent eds. *Small Wars: The Cultural Politics of Childhood* (Berkeley: University of California Press, 1998): 352-388.

³⁴ Notable studies include Maggie Brady, *Heavy Metal: The Social Meaning of Petrol Sniffing in Australia* (Canberra: Aboriginal Studies Press, 1992); Roy Gigengack, “The Chemo and the Mona: Inhalants, Devotion, and Street Youth in Mexico City,” in *International Journal of Drug Policy* Vol. 25 (2014): 61-70, and Raquel Alonso Lopez, *¡Nos desprecian porque somos pobres! Desarrollo de un estilo de vida en los espacios públicos: las bandas de niños de Garibaldi y Casa de Todos* (Tesis, Universidad Nacional Autónoma de México, Facultad de Psicología, 1996).

³⁵ David Courtwright, *Forces of Habit: Drugs and the Making of the Modern World* (Cambridge: Harvard University Press, 2001), 2.

drug use. Inhalant use has been typified as “revolting,” the “least natural,” and a “fundamental violation of ‘what goes where.’” But excluding industrial chemicals as drugs omits a significant part of modern drug history, especially in the global south.³⁶

Centering inhalant use in the history of Mexico also shows the uneasy shift Mexico took to a modern, industrial society, and the attendant costs. Scholarship on Mexico’s midcentury economic boom from 1940 to 1970 has focused on the impact of this growth on Mexican politics and interpretations of the “Mexican Miracle” as part of the legitimization of the Revolution.³⁷ The emergence of a youth drug culture in Mexico City during this period was a sign of the nexus between urbanization, industrialization, and marginalization. Chemical and glue companies were created during this period to further modernize the nation. By examining drug use in the 1960s and 1970s, I shed light on the impact that industrialization projects had on Mexico City’s young residents, the various forms of consumption culture, and practices that emerged as a result of economic growth. I conclude with the ways in which these new forms of consumption, specifically drug consumption, affected the formulation of Mexico’s drug policy.

³⁶ Lawrence Taylor and Meave Hickey, *Tunnel Kids* (Tucson: University of Arizona Press, 2001), 41.

³⁷ The Mexican Miracle was seen as part of the effect of the Mexican Revolution. Historian Frank Brandenburg in *The Making of Modern Mexico* (Englewood Cliffs, NJ: Prentice-Hall, 1964), xi, saw the Revolution as a social movement directing the course of the nation. As such, political and economic ideas were a result of efforts to legitimize the Revolution. An important discussion about interpretations of the Mexican Miracle as part of the legitimization of the Revolution can be found in José Agustín, *Tragicomedia Mexicana: La vida en México de 1940 a 1970*. (Mexico: Booket, 2007), Enrique Krauze, trans. by Hank Heifetz, *Mexico: Biographies of Power; A History of Modern Mexico 1810-1996* (New York: Harper-Collins Publishers, 1997), and Arthur Schmit in “Making it Real Compared to What?” in Gilbert Joseph, Ann M. Rubenstein, and Eric Zolov, eds., *Fragments of a Golden Age: The Politics of Culture in Mexico Since 1940* (Duke: Duke University Press, 2001). See also Clark Reynolds, *Mexican Economy: Twentieth-Century Structure and Growth* (New Haven: Yale University Press, 1970) 1-3, and Héctor Aguilar Camín and Lorenzo Meyer, *In the Shadow of the Mexican Revolution: Contemporary Mexican History, 1910-1989* (Austin: University of Texas Press, 1993), 162.

Sources

This study is composed of a variety of sources between 1960 and 1980. Visiting the Ministry of Public Health, National Supreme Court, and National Archives, I uncovered the specific drug control policies that focused on criminalization. Public health documents illuminate how public health policies on drug use were developed, and whether drug users were treated as medical patients.³⁸ These also highlighted the participation of physician and health policy officials in the negotiation of substance abuse treatment and alternative legal frameworks. Documents from the Judicial and National Archives indicate the trajectory of drug users' penalization. I explored the change in law and further criminalization of drug consumption practices, and how it coincided with the rise in youth drug use.³⁹ I offer an understanding of the participation of minors in the construction of criminal behaviors. Examining changes and shifts in policy reveals why drug consumption was framed as a health problem, but treated as a crime. The National Archives in Mexico provided specific and contextual historical statistical data and legislation on drugs and enforcement of drug-policies. The Newspaper Archive in Mexico City aided my exploration of

³⁸ Public Health scholarship relating to substance abuse and addiction engages the social, cultural, and political context in which certain doctors, institutions, and treatments emerged and developed. See Caroline Jean Acker, *Creating the American Junkie: Addiction Research in the Classic Era of Narcotic Control* (Baltimore: Johns Hopkins University Press, 2002); Diego Armus, eds. *Disease in the History of Modern Latin America: From Malaria to AIDS* (Durham: Duke University Press, 2003); Philippe Bourgeois, "Disciplining Addictions: The Bio-Politics of Methadone and Heroin in the United States," *Culture, Medicine and Psychiatry* 24, no. 2 (Jun 2000): 165- 195; Jason Edwin Glenn, "Medicalizing Addictions, Criminalizing Addicts: Race, Politics and Profit in Narratives of Addiction" (Harvard University Dissertation, 2000); Nancy D Campbell, "From 'Magic Bullets' to Medical Maintenance: The Changing Meanings of Medical Approaches to Drug Use in US Drug Policy," in Suzanne Fraser and David Moore eds. *The Drug Effect: Health, Crime, and Society* (New York: Cambridge University Press, 2011); Samuel Roberts. "'Rehabilitation' as Boundary Object: Medicalization, Local Activism, and Narcotics Addiction Policy in New York City, 1951-62." *Social History of Alcohol & Drugs: An Interdisciplinary Journal* 26, no. 2 (2012):147 -69.

³⁹ I build on scholarship that views crime as a social and cultural construction. See Carlos Aguirre and Ricardo D. Salvatore, "Writing the History of Crime, Law, and Punishment in Latin America." in *Crime and Punishment in Latin America Law and Society since Late Colonial Times*, edited by Ricardo D. Salvatore, Carlos Aguirre, and Gilbert Joseph (Durham: Duke University Press, 2001); Amy Chazkel, *Laws of Chance: Brazil's Clandestine Lottery and the Making of Urban Public Life* (Durham, NC: Duke University Press, 2011); Brodwyn M Fischer, *A Poverty of Rights: Citizenship and Inequality in Twentieth-Century Rio de Janeiro* (Stanford, Calif.: Stanford University Press, 2008); Nara Milanich, *Children of Fate. Childhood, Class, and the State in Chile, 1850-1930* (Durham: Duke University Press, 2009); Pablo Piccato, *City of Suspects: Crime in Mexico City, 1900-1931* (Durham: Duke University Press, 2001).

public perception that deal with youth and class.⁴⁰ I looked at how drugs attracted social anxieties about proper class boundaries, and become signifiers of unstable identities and threatening social space. Complemented by literary texts and biographical accounts, I uncovered the experiences of counterculture youths, and the impact of this experience on drug use. By exploring consumption culture in Mexico, I investigated how minors were involved in shaping meanings surrounding drug use.

The most significant source base to conduct this study was obtained from the files of the Consejo Tutelar Para Menores Infractores (Juvenile Court) in the Mexican National Archive. I used data from the Mexican Juvenile Court between 1960 and 1975 to create a sample out of the 70,098 minors who entered the Juvenile Court in these years.⁴¹ The Court cases collected for this study include delinquencies of all types, and reflect an assortment of minors from different backgrounds, ages, gender, and delinquency varieties. The sample cases contained information about the individual's daily life including family size, education level, medical records and history, employment and wages, family income and wages, living conditions, notes on the neighborhood the individual lived, and extracurricular activities (to view a sample case, see appendix II). The cases typically started with a police report which described the alleged delinquency, identifying the minors involved in the case. Cases then moved on to examinations conducted by court case workers, usually a licensed social worker. The case worker began with a sociological study that included the accused minors' testimony, witness testimonies, along with date of birth, race (which was always mestizo), home address, family members, family income, type of dwelling,

⁴⁰ Some of these newspapers and magazines include: *La Prensa*, *Excélsior*, *Mañana*, *Jueves de Excélsior*, *Ovaciones*, *El Herald de Mexico*, *Nota Roja*, and *Siempre!*

⁴¹ The date for the court records ends at 1975 as there are no records available to the public after 1975. Consejo Tutelar Para Menores Infractores, Archivo General de la Nación. For an explanation on how the data was obtained and used, please see Appendix I and II.

neighborhood description, list of extracurricular activities, and case worker recommendations for resolution. The case file then included medical, psychological, and pedagogical exams and results. At the end of a case file was the verdict, including a small summary of the minors' social, medical, psychological, and pedagogical results, and the outcome of the minors' case.

In these years there were a total of 70,098 minors who entered the Juvenile Court.⁴² *Delitos contra la salud*⁴³ made up 8 percent of the total entries, which were more frequently committed among males.⁴⁴ To consolidate this information, I compiled a sample of 3078 Juvenile Court cases between 1960 and 1975, approximately a five percent sample of the total number of Court cases within this period. The sample reveals that 13 percent of minors were detained specifically for drug-related offenses, but cases related to other types of crime revealed some sort of drug use by the suspects. Combining these latter cases with those formally arrested for drugs, 1042 out of the 3078 cases involved drug use; that is 34 percent of the total. The sample cases were cross-referenced with census records, medical journals, health department records, and the media to establish that industrial chemicals and glues were the drugs of choice among lower-class minors who used drugs. The Juvenile Court data also illustrates that inhalant users were arrested more

⁴² Secretaría de Industria y Comercio, Dirección General de Estadística, *Anuario estadístico de los Estados Unidos Mexicanos, 1975-1976*, México, Talleres Gráficos de la Nación, 1979.

⁴³ *Delitos contra la salud* legally protects either the individual or the social collective against injury or harm to the health of the human body. *Delitos contra la salud*, or crimes against health, categorized as drug crimes the trade, importation, exportation, transportation, production, cultivation, possession, medical prescription, preparation, use, and consumption of drugs. the first time *delitos contra la salud* appeared in the Mexican constitution was 1871, *Código Penal para el Distrito Federal y Territorio de la Baja California sobre delitos del fuero común y para toda la República sobre delitos contra la federación*, México, Edición Oficial, 1871. The way in which the law is written produces a rather interesting dynamic between sanitary and penal authorities, who are forced to work together to create the laws regarding drugs. The law relevant to this study was published in 1976, Poder Ejecutivo, "Decreto de Reformas al Código Penal para Distrito Federal en materia de Fuero Común y para toda la República en materia de Fuero Federal; al Código Sanitario de los Estados Unidos Mexicanos, en relación con estupefacientes y psicotrópicos y al Artículo 41 del Primer Ordenamiento," 31 December 1974, and "Reglamento sobre estupefacientes y sustancias psicotrópicas," *Código Penal Federal*, México, *Diario Oficial de la Federación*, 23 July 1976.

⁴⁴ Secretaría de Industria y Comercio, Dirección General de Estadística, *Anuario estadístico de los Estados Unidos Mexicanos, 1975-1976*, México, Talleres Gráficos de la Nación, 1979.

than marijuana users. Sniffing glue and using industrial chemicals was legal, but police and health specialists treated it as an illicit practice.

Overview

This dissertation is composed of six chapters. The first chapter explores why and how Mexico City minors became the country's majority drug consumers beginning in the 1960s. In the 1960s, Mexico City had a vibrant drug culture and participated in the drug market in ways that defy established assumptions. This dissertation provides an alternative to traditional narratives that view with an almost exclusive focus the demand for drugs like marijuana, cocaine, and heroin stemming from the United States and European countries. Demand for drugs like marijuana came from Mexico as well. The first half of the twentieth century in Mexico City witnessed drug use amongst adults – specifically, prisoners, soldiers, and lower income city dwellers. Trends changed noticeably in the second half of the twentieth century, extending to younger age groups, and youths from all socioeconomic classes. I delve into the context in which Mexico's drug culture emerged in the 1960s and 1970s in Mexico City. This includes economic growth, a rise of the middle-class, new consumption trends, and the development of youth culture. The latter centered on young rebels who used music, clothing, and drugs as symbols for the rejection of established norms of behavior the state attempted to enforce. The confluence of these factors affected the way the Mexican press and the Mexican government understood the rise in drug use. They perceived it as part of a moral panic, particularly related to marijuana. Toxic inhalants, consumed more often than marijuana, were almost absent from discussion in the press.

The second chapter of this dissertation looks at the nuances of the moral panic centered around young Mexicans and drug use. Juvenile Court records, university studies, and SSA

investigations indicate that youths were indeed consuming drugs at higher rates than ever before, but not nearly as much as the press regularly portrayed. I assess the rates of minor drug use against the fabricated sense of alarm in the press. In this chapter, I examine in detail the various studies undertaken to capture the rate of drug use among minors. I cross reference these with the sample data obtained from the Juvenile Court records. This chapter also discusses the types of drugs that minors consumed, paying attention to their effects, nicknames of the drugs at the time, and frequency of use.

The third chapter of this dissertation traces the history of sanitary and penal laws regarding *delitos contra la salud*, notably omitting any laws dealing with inhalant substances due to their legal status. To understand this omission, I first outline how drug use became an interconnected issue of public health and criminal justice. Judicial and sanitary laws established *delitos contra la salud* that categorized as drug crimes the trade, importation, exportation, transportation, production, cultivation, possession, medical prescription, preparation, use, and consumption of drugs.⁴⁵ Other than Spain and Peru, Mexico was the only country in the world that categorized drug offenses this way. How the law defined, drug-related matters meant that doctors, public health administrators, criminologists, judges, and legislators worked together to create laws against drug use and trafficking. The subsequent intermingling of the legal and sanitary laws created an unusual relationship between judicial and sanitary specialists. The intent of these critical players was twofold. On the one hand, judicial authorities intended to criminalize all drug-related matters, including consumption. On the other hand, medical professionals sought to provide a space within

⁴⁵ See *Diario Oficial de la Federación*, 8 de marzo 1968. http://www.diputados.gob.mx/LeyesBiblio/ref/cpf/CPF_ref26_08mar68_ima.pdf accessed 30 May 2018; “Código Sanitario de los Estados Unidos Mexicanos,” 1969-1972, Secretaría de Salubridad y Asistencia, Secretaría Particular, Comisión Internacional de Estupefacientes, caja 225, exp. 2; and Procuraduría General de la República, *Manual de Delitos Contra la Salud relacionados con estupefacientes y psicotrópicos* México, 1987.

the legislation that allowed the treatment of drug users and addicts as sick people. By the 1960s, the Mexican law criminalized marijuana, barbiturates, LSD, cocaine, opium and its derivatives.⁴⁶ Inhalants were not. Government documents from the Mexican health department, judicial records, and medical journals show how the consumption of inhalants resulted in numerous medical and criminology discussions over their adverse effects on public health, yet never categorized inhalants as illegal drugs. I unravel the contradiction inherent in the Mexican legal and sanitary system regarding drug laws that define certain drugs as licit but prosecute the consumer.

The interaction between sanitary and judicial authorities led to the creation of specific state institutions that dealt with drug consumption in the 1960s and 1970s. This chapter analyzes these institutions and the ways that Mexican citizens, including minors, interacted with state agents. Institutions geared treatment to other drugs, like marijuana or barbiturates, but not inhalants. Drug policies facilitated three separate institutions created by the SSA to investigate, treat, and rehabilitate drug use among youths. These included the Centro de Estudios Mexicanos en Farmacodependencia (Mexican Center for the Study of Drug Dependence), the Centros de Integración Juvenil (Youth Integration Centers), and the Consejo Nacional de Problemas en Farmacodependencia (National Council for Problems in Drug Dependence). Notably, none of the drug centers offered treatment or rehabilitation programs for children using industrial chemicals.

In theory, family members, friends, and even concerned teachers seeking help could take drug-using minors to any one of the institutions created to help drug users. The reality was much different. Letters written to the SSA and the Mexican President indicate that concerned parents were fearful of taking their children to these drug centers, and believed their children would acquire a social stigma of being labeled a drug addict. Moreover, if the police came across a drug using or

⁴⁶ “Código Sanitario de los Estados Unidos Mexicanos,” 1969-1972, Secretaría de Salubridad y Asistencia, Secretaría Particular, Comisión Internacional de Estupefacientes, Caja 225, Exp. 2.

trafficking minor on the street, they were supposed to take them to one of the three drug centers or call a doctor to test them for drug addiction. However, Juvenile Court cases reveal that police targeted minors who consumed drugs and placed them in the Juvenile Court system. Children received punishment instead of treatment. Further, the police detained inhalant consuming children in much higher numbers than marijuana or LSD consuming minors. Once in custody, minors were often detained for weeks. Few of those detained and addicted youths sent to the institutions created by the SSA for treatment. Out of over 3,000 individual cases I compiled from the Juvenile Court records, there were only three cases where the child was taken to a drug treatment center. I analyze the practice of police taking children into custody for consuming inhalants and compare it to those detained for marijuana consumption. I reveal the intricate and often complex relationship between the state and Mexican citizens. More importantly, this chapter uncovers how public health policies on drug use were at odds with the criminalizing aspects of the law in regards to drug use.

Because this project focuses on drug use, it does not discuss the efforts to combat the supply side of drugs. However, it is worth briefly mentioning that the Procuraduría General de la República (Office of the Attorney General) was also a key player in treating drug use in minors. While they were nominally in charge of reducing drug use in minors, their most significant agendas focused on eliminating the supply of drugs, particularly in the northern states of Sinaloa, Sonora, Durango, and Chihuahua. These campaigns began in full force during the Manuel Ávila Camacho administration (1940-1946)⁴⁷ and were supported by international efforts. These campaigns

⁴⁷ The campaign was so successful that in 1953 the Junta Intersecretarial Coordinadora de la Campaña contra la Producción y Tráfico de Estupefacientes (Intersecretarial Board Coordinator of the Campaign against the Production and Trafficking of Narcotic Drugs) was born, bringing together the Secretarías de Gobernación, the Defensa Nacional, the SSA, Secretaría de Relaciones Exteriores, and the Procuraduría de la Nación. The integration of these different organisms allowed the intensification and acceleration of eradication programs; plans and maps were drawn up to locate clandestine landing fields in Sinaloa, Chihuahua, and Durango; collaboration projects were formulated between Mexico and the United States to fight against the illegal trafficking of narcotics across the border; and agents who aided the Policía Judicial Federal were trained and given the necessary equipment to destroy the illegal crops. "Opium Eradication Efforts in Mexico: Cautious Optimism Advised" *Report of the Comptroller General of the United States*,

against eliminating drug supply escalated during the 1960s and 1970s, and culminated in Operation Cooperation. It was an international drug task force that permitted Mexican soldiers to hack away at opium poppies and marijuana plants, while American law enforcement conducted surveillance within Mexico (searching for poppy and marijuana fields).⁴⁸ Mexican agents and agents of the U.S. Bureau of Narcotics and Dangerous Drugs worked jointly in numerous raids and arrests of drug traffickers and dealers, as well as destroying poppy and marijuana fields.⁴⁹ Bilateral campaigns of this type was the primary form of drug prevention for the Mexican government.⁵⁰ The Attorney General's office also offered smaller programs, including conferences, training courses, drug information pamphlets, and special seminars directed towards parents.⁵¹ Prevention programs for minor drug users were concentrated in the hands of the SSA, and are discussed in further detail in Chapter Four.

The last two chapters of the dissertation analyze drug use trends among youths in Mexico City between 1960 and 1980. Chapter Five examines inhalants and Chapter Six scrutinizes marijuana. These chapters investigate the target consumer and finds key differences in the socioeconomic background and culture around the users of industrial chemicals and marijuana.

Departments of State and Justice, February 18 1977. <https://www.archives.gov/files/declassification/iscap/pdf/2010-081-umissdoc2.pdf> Accessed 27 June 2018, and David M. Kennedy, and John N. Mitchell, "Task Force Report: Narcotics, Marijuana & Dangerous Drugs. Findings and Recommendations." June 6, 1969, 2. <http://nsarchive.gwu.edu/NSAEBB/NSAEBB86/intercept01.pdf> accessed April 27, 2015.

⁴⁸ "Operation Cooperation," *BNDD Bulletin*, May-June 1970. In 1968, the Federal Bureau of Narcotics merged with the Bureau of Drug Abuse Control to form the Bureau of Narcotics and Dangerous Drugs (BNDD) under the Department of Health, Education, and Welfare.

⁴⁹ See "Notable Cases" in the *BNDD Bulletin*.

⁵⁰ For notable studies on these prohibitions regimes see Luis Astorga, *Drogas sin fronteras* (México, D.F.: Grijalbo, 2003); Isaac Campos, "Mexicans and the Origins of Marijuana Prohibition in the United States: A reassessment," *The Social History of Alcohol and Drugs* Vol.33 No. 1 (January 2018): 6-37; Froylán Enciso, "Régimen global de prohibición, actores criminalizados y la cultura del narcotráfico en México durante la década de 1970," *Foro Internacional* Vol. 49 No. 2 (Verano 2009): 595-637; Carlos A. Pérez Ricart, "The Narcotics Agencies in the United States and the Transnational Construction of the War on Drugs in Mexico (1938-1978)," (PhD Dissertation, Freie Universität Berlin, 2016); Aileen Teague "Mexico's Dirty War on Drugs: Source Control and Dissidence in Drug Enforcement," *The Social History of Alcohol and Drugs* Vol.32 No. 1 (March 2019): 63-87.

⁵¹ Olga Cárdenas de Ojeda, *Toxicomanía y Narcotráfico: Aspectos Legales* (México: Fondo de Cultural Económica de México, 1974), 127.

These chapters assess more aspects of drug users such as family size, education levels, employment and income, place of residence, costs of drugs, among others. Together, these factors show patterns associated with drug use as well as indicators of one's socioeconomic class. These chapters analyze how minors expressed a consciousness of their class identity through the social practices associated with particular drugs. The cost, availability, location of purchase, location of consumption, effects of the drug, and individual experience of minors from different social classes were entirely different from one another. Lower-class minors often selected inhalants. A middle-class drug experience typically involved marijuana. The cost of marijuana was higher than inhalants, had a different effect on the body, and often consumed in places of visibility within the city. Marijuana was habitually consumed in cafés, in clubs, sometimes even in schools, and in parts of the city that were known as middle-class neighborhoods. However, arrests occurred more often in lower-class neighborhoods of the city. As part of this discussion, I investigate the locations of drug use and drug purchase. Where and how minors acquired access or exposure to certain drugs was dependent on the type of neighborhood youths lived or worked. Analyzing class indicates that it was a critical factor that determined whether or not youths came under the purview of government efforts to restrict and criminalize drugs.

A history of drug use and its connection to political rule further advances the field of history. A history of drug use explains why the perception of a drug problem emerged in Mexico, and how it escalated over time to become a government priority. The new drug culture led to varying ways in which the Mexican state dealt with minors in general and drug users more specifically. The result was a complex dynamic of the ways in which *delitos contra la salud*, or crimes against health, was implemented. Medical and penal welfare systems were responsible for applying the law on drug use. But as trends in drug use changed, so too was the law and practices

of police detention and Juvenile Court processing of minors. I seek to assess how the different cultural landscapes of drug practices based on class determined the ways the Mexican state approached drug issues. The state criminalized minors who consumed inhalants. Thus, the law in regards to drugs were not evenly, equally, or objectively applied because the police consistently picked up minors for consuming inhalants, a legal substance and practice. The analysis of drug use in Mexico City provides a necessary case study for historicizing and contextualizing the expansion of drug trafficking in Mexico, and understanding it as a global enterprise tied to localized markets and forms of production.

Chapter One: Contextualizing the Drug Landscape

Introduction

A 1970 article in *Novedades* announced the alarming rate at which Mexican minors were consuming drugs. The article reported a 1,300 percent increase of drug use in Mexico City minors from 1967 to 1969.¹ Another journalist went as far as to compare drug use to the “slavery of the twentieth century,” in which drug traffickers targeted children and consequently “destroyed”² their minds. Articles like these were common in the Mexican press beginning in the 1960s, and became more prevalent by the 1970s. There was a perception in Mexico that minors were using and becoming dependent on drugs at a frightening pace. A team of medical doctors, psychologists, psychiatrists, judges, police, and criminologists promoted a view of a drug “problem” and helped create a visible link between youth, deviance, and subversion that threatened national security. These experts believed that drug use weakened the future of Mexico by undermining the traditional mores of the nation. This chapter investigates why and how Mexican health, education, and political authorities associated juvenile drug use with sloth and disorder,³ and promoted a myth of overuse that eventually backfired on treating drug users of minor age. Instead, these authorities created a hostile environment between government entities and Mexican minors that shaped policy for years to come.

¹ Juventino Chávez, “El 14 porciento de la actual juventud capitalina consume drogas y enervantes,” *Novedades*, 2 August 1970, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo.

² Manuela A. Díaz Cid. “Drogadicción: Esclavitud del Siglo,” *El Heraldo de México* 17 de June 1972, 4. Archivo General de la Nación (here on out AGN), Dirección General de Investigaciones Políticas y Sociales (here on out DGIPS), Caja 948, Exp. 1

³ Wolfgang Schivelbusch, *Tastes of Paradise: A Social History of Spices, Stimulants, and Intoxicants* (New York: Vintage Books, 1992) and David Courtwright, *Forces of Habit: Drugs and the Making of the Modern World*, (Cambridge: Harvard University Press, 2002).

To explore this further, this chapter is divided into two parts. The first part provides background information on the 1960s and 1970s, specifically the economic prosperity Mexico underwent, the growth of the middle-class, and changes in consumption trends. Industrialization opened the flood gates for modernization projects. This meant that the consumption of material goods, like the purchase of new appliances for the home, TVs in the house, and radios that played U.S. rock-and-roll music, all became part of being modern. Mexico's proximity to the United States played an important role as access to the new youth culture was greater and role models were closer. Another factor was the development of Mexico's mass-media industry, *Telesistema* (now Televisa),⁴ which was poised to exploit the sudden demand for youth culture. New cultural facets followed these aspirational, modern projects, bringing together fashion, music, political thought, and the use of drugs. The perception of a major drug epidemic in Mexico is analyzed within the changes of the 1940s to 1970s.

The second part of this chapter explains how drug use became a concern to Mexican public health, criminal, and federal authorities. Understanding why drug use became such a supposed "crisis" had to do with how minors were perceived by doctors, lawyers, psychiatric specialists, public health experts, bureaucrats, and politicians. Drug use was perceived as a problem of great proportion because it debilitated the future of the nation: Mexican minors. The perceived crisis tied drug use to ideas of immorality, mental health, and degeneration of Mexican society. The use of drugs by minors reflected fears that the future leaders of the Mexican nation would become drug addicts and with an inability to lead. As the Baby Boomer generation reached young adulthood in the time of vast economic and cultural change, Mexican governmental agencies chose to focus on juvenile delinquency, student movements, and drug use to curb their anxieties about youth

⁴ Telesistema, now Televisa, is the largest multimedia mass media company in Latin America and the Spanish-speaking world. It was founded in 1955 by Emilio Azcárraga Vidaurreta and remained in the family until 2017.

behavior.⁵ By the 1970s, the Mexican psychiatric and medical community intervened to address drug use among minors. Dr. Rafael Velasco, a prominent child psychologist, argued that “minors who consume[d] drugs believe[d] that it permit[ted] them to challenge authority and social conventions.”⁶ This drug-induced aggression towards norms was the root of antisocial delinquency. Dr. Rafael Velasco warned of the universal problem of youth drug addiction and lamented its effect on the productivity of the nation’s citizens.⁷ More importantly, minors’ drug use represented the threat to the political and social order, one that rested on order and obedience to the status quo to undergird its legitimacy.

Import Substitution Industrialization, the Middle Class, and Consumption

From 1940 to 1970, Mexico experienced a period of domestic economic growth so profound that it became known as the economic miracle or the “Mexican Miracle.” Between 1950-1973, Mexico doubled its per capita gross domestic product (GDP),⁸ and witnessed a dramatic 6 percent average growth of industrial production.⁹ Between 1940 and 1970, Mexico City’s population quadrupled, with the number of inhabitants increasing from 1.8 million to 8.5 million during those years due to migration from the countryside and a baby boom. The government under President Lázaro Cárdenas (1934-1940), emphasized industrialization and during the

⁵ An increase in Juvenile Court entries during the 1950s, 1960s, and 1970s, would possibly provide evidence for medical, criminal and government experts to conclusively tie drug use to modern culture. However, an increase in Juvenile Court entries could also be explained by an increase in the juvenile population overall, among other factors.

⁶ Rafael Velasco Fernández, “Información útil sobre el problema del abuso de las drogas que causan dependencia: Información para los padres de familia,” 16 junio 1971, Secretaría de Salubridad y Asistencia, Subsecretaría de Asistencia, Caja 122, Exp. 3. 1-3.

⁷ Ibid.

⁸ Jürgen Buchenau and Gilbert Joseph, *Mexico’s Once Revolution: Social Upheaval and the Challenge of Rule Since the Late Nineteenth Century* (Durham: Duke University Press, 2013), 156.

⁹ See also Paul Gillingham and Benjamin Smith, eds. *Dictablanda: Politics, Work, and Culture in Mexico, 1938-1968* (Durham: Duke University Press, 2014); Judith A. Hellman *Mexico in Crisis* (New York: Holmes and Meier Publishers, 1983); Donald C. Hodges and Ross Gandy, *Mexico: The End of the Revolution* (Westport: Praeger, 2002); and Clark W. Reynolds *The Mexican Economy: Twentieth Century Structure and Growth* (New Haven: Yale University Press, 1970).

administration of President Miguel Alemán (1946-1952), the policy that built the economic “Mexican Miracle:” Industrialization through Import Substitution (ISI), took form. ISI offered tariff protections and state subsidies for native industries, which also underwrote an expansive consumer culture by keeping down the price of foodstuffs and energy. State protection allowed Mexican industry to produce its own substitutes for basic consumer imports. Simultaneously, protective barriers also encouraged the emergence of transnational subsidiary operations under majority Mexican ownership. These policies encouraged urbanization and industrialization that produced sustained economic growth with relative political stability.¹⁰ Mexican industry shaped the new consumer culture. Yet, the signature style and imagery of cars, television, radio sets, film, music personalities, and fashion styles imported from the U.S. to Mexico became deeply enmeshed in the new consumer culture.

This economic prosperity contributed to the growth of the Mexican economic and social middle-class. Economic historians, James Wilkie and Paul Wilkins, conducted a study in which they developed a new data series on Mexican class structure from 1895 to 1970. In 1950 the middle class represented 20 percent of the national population; by 1970, that percentage had grown to almost 30 percent. Wilkie and Wilkins noted that this change indicated considerable social mobility for the national population.¹¹ Mexican historian, Louise Walker, uses Wilkie and Wilkins analysis to examine more specifically who were the middle-classes.¹² She argues that the most

¹⁰ The phrase “relative political stability” refers to the one-party rule in Mexico that began with the Partido Nacional Revolucionario (PNR) in March 1929. I use the term “relative” as there were many changes within the party itself, for example, the change from the PNR to the Partido de la Revolución Mexicana (PMR) in 1938, and finally to the Partido Revolucionario Institucional (PRI) in 1946, under Alemán.

¹¹ In 1895 the middle class made up 8 percent of the national population, 16 percent in 1940, 20 percent in 1950, 22 percent in 1960, 29 percent in 1970, and 33 percent in 1980. James Wilkie and Paul Wilkins, “Quantifying the Class Structure of Mexico, 1895-1970,” in *Statistical Abstract of Latin America* (Los Angeles: UCLA Latin American Institute, 1981), page 578-590.

¹² Louise Walker, *Waking from the Dream: Mexico’s Middle Class After 1968*. (Stanford: Stanford University Press, 2013).

important political struggles that took place in Mexico since the 1960s – shaping numerous economic and social themes that dominated the closing decades of the twentieth century – occurred among the middle-class. Walker uses a three-pronged approach to studying class: socioeconomic, cultural, and political.¹³ Walker describes the middle-class as professionals such as lawyers and doctors; intellectual workers such as university professors, teachers, and artists; white-collar workers such as administrators, secretaries, and clerks; and technical workers such as photographers and sound engineers. So, too, were small business owners, merchants, and supervisors’ members of this class. Ruling party functionaries, Partido Revolucionario Institucional, PRI, from civil servants to party officials, were also a part of the middle-class.¹⁴ According to Walker, the middle-class had a relatively high level of education, engaged in non-manual work, and lived in urban environments that gave them access to cultural, leisure, and health services. Walker’s research included a larger array of people who composed this newly formed middle-class. Analyzing and understanding the middle-class is important to understanding how consumption and cultural trends changed to incorporate drugs.

As the Mexican middle-class grew, the new economic affluence encouraged consumption of all modern devices and developments, and Mexico’s middle-class relentlessly pursued these products – and the values that accompanied them. Julio Moreno, a Mexican historian specializing in U.S. diplomacy and business abroad, analyzes American business culture in Mexico from 1920

¹³ Walker uses these categories because she argues it is an “opportunity to combine the methodological tools of the cultural turn, political economy, bottom-up history, and economic history... this methodology unearths a broad range of middle-class experiences and relationships. It underscores the tensions and contradictions within the middle classes and emphasizes the dynamic and central role of these groups in recent Mexican history.” Walker, *Waking from the Dream*, 4.

¹⁴ The PRI was founded in 1929 as the Partido Nacional Revolucionario; in 1938 it changed its name to the Partido de la Revolución Mexicana; and in 1946 it became the Partido Revolucionario Institucional. The PRI held uninterrupted power in Mexico for 71 years from 1929 to 2000.

to 1950. He suggests that the middle-class position was one that was made rather than inherited.¹⁵ Moreno argues that consumption and material prosperity were synonyms for democracy and national identity.¹⁶ Increasing industrial and commercial growth modeled on ISI led to an increase in jobs such as store management, office employment, medicine, education, and civil service, which supported upward mobility into the ranks of the middle-class. The celebration of this new upward social mobility and material prosperity is what Julio Moreno calls “a form of democracy through consumption.”¹⁷ By the 1950s, there were more Mexicans who had the ability to consume or purchase merchandise that was previously a luxury of the elite. Being able to consume previously unattainable products was a method for Mexicans to ascend into the middle-class. Therefore, with an entire class of people who now had both the access (through occupation) and means (through ISI, the “Mexican Miracle,” and the higher standard of living it brought in a new class of occupations), consumption was a key factor in the rise of the middle-class.

Yet the expansion of consumer products did not only lead to things such as televisions or stoves in the home, but also to illegal products as well, such as drugs. American drug historian, Robert Stephens, claims that the project of capitalist modernization was fundamentally ambiguous, and explores the shortcomings of this process by examining the complications of the modernization project in West Germany after World War II.¹⁸ Stephens argues that “drug consumption ought to be understood as a set of consumer practices deeply embedded in the ongoing process of global capitalist modernization.”¹⁹ Examining a similar modernization process

¹⁵ Julio Moreno, *Yankee Don't Go Home: Mexican Nationalism, American Business Culture, and the Shaping of Modern Mexico, 1920-1950* (Chapel Hill: The University of North Carolina Press, 2003).

¹⁶ The whole idea is metaphorically tied.

¹⁷ *Ibid.*, 229.

¹⁸ Stephens takes his definition of modernization largely from Max Weber, in which corporate capitalist economic growth, the rationalization and bureaucratization of social life, and the development of a liberal political framework are prominent. Robert Stephens, *Germans on Drugs: The Complications of Modernization in Hamburg* (Ann Arbor: University of Michigan Press, 2007), 2.

¹⁹ Stephens, *Germans on Drugs*, 5.

in Mexico, modernization was a double-edged sword, and can be specifically analyzed when looking at drug use. The consumption of drugs in Mexico by middle-class minors, specifically marijuana, changed the cultural meaning and patterns associated with drugs, which threatened the political, cultural, and social values of Mexico's future. The middle-class consumption of drugs was a significant part of the cause of the moral panic of the late 1950s through the 1970s.

The story of the "Mexican Miracle" is also one of uneven development. Thus, not all Mexicans ascended to the middle-class and could afford to partake in the new consumption trends in the same way. The growth of the nation through industrial development and ISI practices meant that economic and political power was concentrated in the hands of business groups, in cities, which led to a massive population shift from the country to cities.²⁰ As a result, income inequality in Mexico City increased rapidly, with nearly one-third of all city residents earning less than 700 pesos per month, the standard to afford the most basic needs for shelter, food, and clothing.²¹ A scarcity of housing in the city drove prices higher, with migrants from the countryside willing to pay significant amounts of money for dilapidated and unsafe structures within the growing slums circling the city. In 1961, nearly 10 percent of all homes in Mexico City had no water supply of any kind; 21 percent had no windows, and 28 percent had structural flaws in their walls, roofs, or floors, making over 50 percent of homes in Mexico City alone unsafe for habitation.²²

This segment of the population also wished to partake in the newly available forms of consumption, including drug consumption. While lower-class urban minors consumed marijuana, industrial chemicals, such as glue and paint thinner, were the drug of choice. Lower income minors

²⁰ Hodges and Gandy, *Mexico, The End of the Revolution*, 31.

²¹ Ifgenina M de Navarrete, *La Distribución de ingreso y el Desarrollo económico de México* (Mexico City: Universidad Nacional Autónoma de México, 1960), 72.

²² Instituto Nacional de la Vivienda, *Investigación Nacional de Vivienda Mexicana: 1961-1962* (México: 1963), 241-242.

chose industrial chemicals in part because they were available from Mexico's thriving industrial centers and construction, and they often lived or worked in the manufacturing sectors of the city. Industrial chemicals were the very substances that made the "Mexican Miracle" possible, and also gave residents more exposure and access to industrial products. And yet, the state did little to help those that consumed these substances because industrial chemicals were an important part of the construction industry.²³

The context in the creation of moral panic was a fear that the traditional values of Mexican society, one centered on the family unit, was threatened. These deeply ingrained values changed through the exposure to new cultural trends seen in movies and on TV that exposed them to new lifestyles. For instance, *Rebel without a Cause* (1955) celebrated adolescent rebellion, peer-pressure induced danger and rock-and-roll music; trends which were then replicated by middle-class Mexican minors. These behaviors were not in themselves labeled as criminal, but were widely condemned by the Post-Revolutionary State and the Mexican media as immoral, and responsible for the poisoning of young minds which could lead to the commission of actual crimes.²⁴ Minors were seen as the future of the nation and focusing on children became the most adequate channel through which to express the anxieties of change due to industrialization.

Concern for Minors, Youth Culture, and the Drug Scare

Rapidly changing city life shaped the children who came of age during this pivotal period. Industrialization, institutionalization of the PRI party, and mass participation in politics came to a head during these years. As Mexico City's size and population rapidly multiplied, so did concerns

²³ Stephen R. Niblo, *Mexico in the 1940s: Modernity, Politics, and Corruption* (Wilmington, Delaware: SR Books, 1999) in which he further develops the argument that the lower classes often bore the burden of modernization.

²⁴ "El cine inmoral produce delincuentes," *La Extra*, 28 October, 1957, 10.

about the effects of modernization and urbanization on the social landscape, as well as the possible decline in traditional morality amongst the quickly growing numbers of Mexican minors. Coupled with minors' new interest in foreign cultures, like that of the United States, these factors created a moral concern in which the traditional social fabric and the future of the nation came under threat. Ernesto P. Uruchurtu (1952-1964), mayor of the Federal District for 13 years,²⁵ in particular perceived young people's new behaviors, like listening to rock-and-roll music, as deviant and potentially dangerous to the maintenance of social control and order in the capital. This section first examines Mexico City minors and the general concern over their behavior as well as their future, paying specific attention to juvenile delinquency and new cultural developments that added to anxieties about the changing traditional values of Mexican society. Subsequently, this section examines how drug use became one of the many vehicles through which to focus and express their anxieties. The political climate and the role of the student movement added to these fears over young Mexicans, their future, and their place in society.

Between 1940 and 1970, children became recognized as an integral part of civil society and represented the single most important meeting point for public institutions and the private life of the family.²⁶ Scholars that examine the public debates about the meaning and role of minors in the twentieth century reveal a transnational phenomenon with distinct local expressions, particularly in societies undertaking modernization projects and/or post-war reconstruction.²⁷ A

²⁵ The Departamento del Distrito Federal, DDF, was responsible for the funding and provision of a wide range of public services to the sixteen *delegaciones* (delegations) of Mexico City, including transportation, emergency services, street construction and maintenance, police, public markets, governmental offices, public parks and gardens, zoning enforcement, regulation of private real estate, public utilities, and general urban development for the improvement of the city.

²⁶ Blum *Domestic Economies*; Mary Kay Vaughn, *Cultural Politics in Revolution: Teachers, Peasants and Schools in Mexico, 1930-1940* (Tucson: University of Arizona Press, 1997); Mary Kay Vaughn and Stephen E. Lewis, eds., *The Eagle and the Virgin: Nation and Cultural Revolution in Mexico, 1920-1940* (Durham: Duke University Press, 2006).

²⁷ Anne Gorusch, *Youth in Revolutionary Russia* (Indianapolis: Indiana University Press, 2000); Richard Ivan Jobs, *Riding the New Wave: Youth and the Rejuvenation of France after the Second World War* (Stanford: Stanford University Press, 2007); Leerom Medovi, *Rebels: Youth and the Cold War Origins of Identity* (Durham: Duke

blossoming sector of the Mexican population, children, defined as people aged fourteen and under, commanded the attention of state officials, the mass media, and producers of consumer goods and entertainment because they shared the promise and future of the Mexican nation.²⁸ Public debates focused on the state's relationship to the family and its social responsibility for children, such as providing health care and education.²⁹ The idea was that if the state protected its children then children would be productive citizens as a result.

But children who lived in poverty exposed the limits of rapid industrialization. The 1943 social security code defined children as nonworking dependents, erasing labor from concepts of childhood.³⁰ The existence of children living and working on the streets of Mexico City attested to a reality that was "anti-modern" and in conflict with the state's socioeconomic vision and its proclamations of modernity.³¹ Child poverty, particularly expressed through the use of industrial chemicals, posed a threat to the modern vision of the state. And as the minor population continued to grow, so too did concerns over their well-being. The increased presence of minors in the city streets fueled elite and middle-class anxieties about what kind of productive, or non-productive, citizens the state was creating.

Juvenile fascination with the foreign, secular culture represented in U.S. films and music represented concerns that the next generation of Mexican citizens would not be morally fit to

University Press, 2005); Omnia El Shakry, "Youth as Peril and Promise: The Emergence of Adolescent Psychology in Postwar Egypt," *International Journal of Middle East Studies* 43 (2011): 591-610.

²⁸ For a study on children and childhood in this period Amaral, "Tomorrow's Dream, Yesterday's Nightmare," and Eileen Mary Ford, "Children of the Mexican Miracle: Childhood and Modernity in Mexico City 1940-1968," (PhD Dissertation, University of Illinois at Urbana-Champaign, 2008).

²⁹ See Instituto Mexicano del Seguro Social, *Código de Seguridad Social* (Mexico City: Instituto Mexicano del Seguro Social, 1945).

³⁰ Ibid.

³¹ See Shari Orisich, "What 'Difference' Does a Camera Make? Crime, Youth, and Representation in mid-century Mexico City," *Journal of Latin American Cultural Studies* Vol. 27 No. 2 (April 2018): 231 -251.

participate as productive members of society.³² The United States' so-called "nuclear family" began to show cracks and fragment under the strain of third and fourth wave feminism, no-fault divorce, communal living, and single parenthood. Mexico too began to see its family structures – the bedrock of Mexico's firm foundation of hierarchy and state – loosen as the counterculture made its way slowly but surely south of the border. It was an affront to the unspoken social norms known as *buenas costumbres*,³³ that maintained the patriarchal hierarchy of the family unit and larger Mexican society. Following the end of the Mexican Revolution, the PRI saw the Mexican family as the basic unit of Revolutionary society and therefore as a vital site for the inscription of state power.³⁴ The idealized family was one in which "the father was stern in his benevolence, the mother saintly in her maternity, and the children loyal in their obedience."³⁵ In this family, women were subordinated to men and sons to fathers, in whom the ultimate authority and power resided. This model was expanded to create a gendered hierarchy of power for the nation in which the President represented the patriarchal head of the household, while lower classes functioned as dependent children subject to authority.³⁶ The new, modern Mexican family would produce a patriotic, moral, sober, hardworking, and literate society, ready to serve national interest through their labor.³⁷ One 1959 newspaper article described, "if this amoral condition continues to penetrate our society, it is no exaggeration to say that the collapse of the family will lead to the

³² Roger Barta, *Blood, Ink, and Culture: Miseries and Splendors of the Post-Mexican Condition*, trans. Mark Alan Healy (Durham: Duke University Press, 2002), 9.

³³ A class and gender loaded notion implying "proper upbringing." In the United States this may be translated to "family values."

³⁴ The concept of the "Revolutionary Family" is often used to describe this phenomenon. The concept became popularized in social science literature on Mexico by Frank Brandenburg's *The Making of Modern Mexico* (Englewood: Prentice Hall, 1964).

³⁵ Zolov, *Refried Elvis*, 4 – 5.

³⁶ Blum, *Domestic Economies*, 110.

³⁷ Alan Knight, "Revolutionary Project, Recalcitrant People: Mexico, 1910-1940," in *the Revolutionary Process in Mexico: Essays on Political and Social Change, 1880-1940*, ed. Jaime E. Rodriguez (Los Angeles and Irvine: UCLA Latin American Center Publications and Mexico/Chicano Program of the University of California, 1990).

collapse of society, the state, and the nation.”³⁸ Such an article articulated a “crisis of values” as lying at the heart of other social ills. These understandings of traditional family values and children as the future of the nation help explain the nervous public reaction to juvenile rebellion. Middle-class minors who rebuffed parental authority were in essence, rejecting the power of the state to control the will of the masses.³⁹ Authorities struggled to make sense of the global counterculture by employing a language of victimization, moral corruption, and juvenile delinquency.

Concerns for minors provided justification for Mexico City Mayor Uruchurtu’s offense against the city’s vice.⁴⁰ By the 1950s, members of the city’s Consejo Consultivo (Advisory Council) in the Uruchurtu administration argued that vice centers, like *cantinas* (bars), hotels known for prostitution, cabarets, and pulquerías (a type of tavern selling pulque, an alcohol drink from the maguey plant), had grown considerably over the years and caused moral damage. The Consejo Consultivo and Uruchurtu believed these anti-vice campaigns would help prevent youth from future immorality. The press repeatedly made reference to the easy access that workers and minors had to vice centers and their inability to control themselves against such temptations. Workers and young men became victims of vice in need of restored dignity available only through Uruchurtu’s drastic measures.⁴¹ For instance, on October 10, 1959, Uruchurtu established the closure of all second and third-class cabarets at 1:00 am during the weekdays and completely on Sundays. He demanded the intensification of police crackdowns on all nightlife, and enforcement

³⁸ “Crisis en el hogar,” *Excélsior*, 4 June 1959, Page NA, Archivos Económicos, Biblioteca Lerdo de Tejada.

³⁹ In contrast to the representations of minors from popular classes, young middle-class delinquents did not necessarily come from deprived families. They were perceived to come from families where both parents were present. These perceptions did not fit the positivist theories of criminalities because the children of Mexican elites did not have the traditional social and economic justifications for their criminal behaviors. Instead, middle-class parents and the wealthy upbringing of their offspring were to produce the next generation of Mexico’s ruling class.

⁴⁰ “Nueva ofensiva contra al vicio en la ciudad para que sean menos cantinas y cabarés,” *Novedades*, 9 April, 1953, 1.

⁴¹ “Aplauso a la campana contra el vicio y la delincuencia,” *Revista S.O.S.*, October 1959, 20.

of new regulations on hygiene in the vice centers. Police crackdowns revealed the need to modernize and expand the existing police force.⁴²

These moralization campaigns gave legitimacy and exposure to public fears about youth immortality and insubordination. Along with the modernization of the existing police force, Mayor Uruchurtu expanded the scope of the police to include minors who behaved in an allegedly unruly matter. The upward trend in non-violent juvenile delinquency reached its peak in 1960, with accused minors (arrested and brought to the Juvenile Court) accounting for 89.1 percent of all the accused in Mexico City.⁴³ Recent work on Uruchurtu's administration highlights an increase of police arresting and bringing minors to the Juvenile Court.⁴⁴ The increase of police arrests of minors was a way to bring chaos under control. As I discuss below, the availability of new forms of mass media such as television, rock music, and film stirred fears about the corruption of youths. Uruchurtu and the police saw young people's embrace of rock-and-roll music and U.S. film culture as synonymous with political insubordination and social subversion. As a result, the criminal and non-criminal social activities of young people came under the scope of the police because these activities were labeled deviant. There was a general consensus that greater access to education and a greater emphasis on alternative activities such as participation in sports could help the young population. But authorities chose to focus on juvenile delinquency as the means to curtail moral rebellion.

⁴² In the summer of 1953, Uruchurtu and the Departamento del Distrito Federal spent over one million pesos for the purchase twenty-five new police cars, twenty-one military jeeps, and two motorcycles equipped with side cars. Robert Jordan, "Flowers and Iron Fists: Ernesto P. Uruchurtu and the Contested Modernization of Mexico City, 1952-1966," Ph.D. Dissertation, University of Nebraska, May 2013, 145.

⁴³ Jordan, "Flowers and Iron Fists," 167.

⁴⁴ Jordan, "Flowers and Iron Fists," Rachel Kram Villareal, "Gladiolas for the Children of Sánchez: Ernesto P. Uruchurtu's Mexico City, 1950-1968," Ph.D. Dissertation, University of Arizona, 2008, and Shari Orisich, "The Crucible of Youth: Juvenile Delinquency and the Making of Modern Mexico, 1938-1968," Ph.D Dissertation, University of Maryland, 2012.

By concentrating on juvenile delinquency, the state was able to justify the intervention in the lives of children and continue pushing previous discourses that linked degeneration and the poor.⁴⁵ Elites and the new urban middle-class conflated criminality and the *clases humildes*, lower-income families, and saw the causes of delinquency in the “degenerative” traits of the poor.⁴⁶ In so doing, elites and authorities perpetuated their social exclusion.⁴⁷ Mexican social scientists and politicians speculated that the root causes of this rising menace to society were found in unhealthy family life and the damage of that toxic environment on young people's minds.⁴⁸ Alcohol and drug use, as well as psychological illness, were contributing factors, but criminologist Mariano Ruiz Funes García took these ideas a step further. Ruiz Funes García argued that the environment was a “petri-dish and the delinquent a germ.”⁴⁹ According to Ruiz Funes, the unhygienic social and moral environment of Mexico City's brothels, cabarets, and pulquerías were significant causes of juvenile delinquency, alongside dysfunction within the family. Ruiz Funes believed young delinquents came from single parent families, where the vagrant father abandoned a financially desperate mother, who raised the family and children.⁵⁰ Poverty of the lower classes made children predisposed to criminality. Instead of directly addressing factors that might have contributed to a growing juvenile delinquency, like a scarcity of housing, peso devaluations in 1948 and 1954, and

⁴⁵ For more on earlier discourses that linked degeneration and the poor see Pablo Piccato, *City of Suspects: Crime in Mexico City 1900- 1931* (Durham: Duke University Press, 2011).

⁴⁶ For more on poverty and crime see Lila Caimari, *Apenas un delincuente: Crimen, castigo y cultura en la Argentina, 1880-1955* 1. ed. Colección Historia Y Cultura 8 (Buenos Aires: Siglo Veintiuno Editores Argentina, 2004); Amy Chazkel *Laws of Chance: Brazil's Clandestine Lottery and the Making of Urban Public Life* (Durham: Duke University Press, 2011); Brodwyn Fischer, *A Poverty of Rights: Citizenship and Inequality in Twentieth-Century Rio* (Stanford: Stanford University Press, 2008); Piccato, *City of Suspects*.

⁴⁷ James Alex Garza, *The Imagined Underworld: Sex, Crime and Vice in Porfirian Mexico City* (Lincoln: University of Nebraska Press, 2007).

⁴⁸ “La Delincuencia Juvenil,” *El Nacional*, 12 July 1958, 2.

⁴⁹ Mariano Ruiz Funes García, *Criminalidad de los Menores* (México: Imprenta Universitaria, 1953), 45.

⁵⁰ *Ibid.*, 85.

poor sanitation, authorities focused primarily on the family environment as a factor for understanding minors' delinquent behaviors.

Mayor Uruchurtu assigned a new police chief and gave almost boundless power to the police force in an effort to combat juvenile delinquency. Mexico City Police Chief, General Miguel Molinar Simondi, announced in 1958 the formation of a new "special services" unit specifically tasked with ending youth crime in the city. The new unit was equipped with eight jeeps that patrolled 24 hours a day in areas of the city that Chief Molinar considered high crime areas for youth gangs. Units were permitted to go to any part of the city where their services were needed. Each vehicle had five men, who were equipped with pistols, batons and tear gas for repelling individuals who "disrupted the social harmony."⁵¹ These specialized units closely resembled the *granaderos* (riot police) in their military-style uniforms, equipment, and use of violence.⁵² The new special services unit was instructed to complete their task within 45 days. The most visible and intimidating method used by the Mexico City police for combating the youthful rebel was the *razzia*, or raid, used to sweep the streets clean of young men suspected of being engaged in criminal activities. Popular spots for the middle-class "rebels" to loiter in large groups were cafés, theaters, diners, ice cream parlors, and parking lots, and were prime targets for police roundups.⁵³ Raids led many youths and parents to characterize these new activities as harassment in violation of their civil rights. The Attorney General responded that "none of the raids against rebeldes (rebels) and gangs have violated the Constitution or any other legislation, because they comply with one of the principal missions of the police which is to prevent crime."⁵⁴ Methods used to maintain law and

⁵¹ "El jefe de la policía las puso en servicio, tienen personal especializado," *El Nacional*, 9 July 1958, 1.

⁵² The *granaderos* were a specialized police force formed in 1938 to preserve public order and protect citizen security. By 1967 they had 7,265 policemen.

⁵³ "Se Pone Freno a la Delincuencia Juvenil," *El Universal*, 10 October, 1959, 4.

⁵⁴ "Nueva 'razzia' policiaca con un saldo de 220 jóvenes detenidos," *El Nacional*, 10 November 1961, 3.

order became increasingly militaristic in nature during this time, and as I show in Chapter Four, allegations of police brutality against minors were commonplace. Minors became the targets of police as new cultural practices, like listening to rock-and-roll music, became synonymous with deviance and antisocial behaviors.

By the mid 1950s, one of the most dramatic cultural factors was the derisive, wild spirit of the new youth culture (rebelliousness, anti-authority, drug use, and sex among others) embodied in international cultural icons such as James Dean and Elvis Presley. These figures served as role models to a coming-of-age Mexican youth. These figures also supplanted the official, more traditional heroes of the Revolution.⁵⁵ The new hero was a youthful, handsome outcast who rode a motorcycle, raced cars, or strummed his guitar.

There was no better embodiment of this new culture than rock-and-roll music. Rock-and-roll music epitomized both a modern lifestyle and a status of modernity, as well as the breakdown of social order. Rock-and-roll music and rebellious behaviors seen in American films became associated with “the breakdown of social order,” indicative of an “excessive modernity bordering on chaos.”⁵⁶ Mexican journalists, government authorities, and intellectuals referred to minors who engaged in these types of subversive behaviors as “rebels without a cause,” whose subculture and fixation with violence threatened Mexico’s traditional values that were focused on family, obedience, and order.

As sociologists Erich Goode and Nachman Ben-Yehdua describe, moral panics, such as this concerning Mexico’s middle-class youth, “... are not ‘about specific – real or imagined – or

⁵⁵ Ilene V. O’Malley, *The Myth of the Revolution: Hero Cults and the Institutionalization of the Mexican State, 1920-1940* (Westport: Greenwood Press, 1986).

⁵⁶ Eric Zolov, *Refried Elvis: The Rise of the Mexican Counterculture* (Berkley: University of California Press, 1999), 34. See also Jaime Pensado, *Rebel Mexico: Student Unrest and Authoritarian Political Culture During the Long Sixties* (Stanford: Stanford University Press, 2013) and Mary Kay Vaughan, *Portrait of a Young Painter: Pepe Zúñiga and Mexico City’s Rebel Generation* (Durham: Duke University Press, 2015).

social categories, so much as they are ‘about’ the fear and concern about, and the perceived threat from, those activities and categories. It is what those activities and categories *represent* to some members of the society that stirs up this fear, concern, and sense of threat.”⁵⁷ These rebellious cultural behaviors ultimately represented a rejection of their vision of modernity that ushered in economic prosperity while still preserving the old social and cultural norms.⁵⁸

By the 1960s, the fears and anxiety that circled rock-and-roll music in the previous decade had a new focus in the counterculture movement, along with the use of drugs as part of its subculture. In Mexico, the counterculture movement took on its own logic. Mexican artists, intellectuals, but more importantly, students, composed *La Onda* (the wave), making up a unique and locally specific Mexican part of the worldwide counterculture movement of the 1960s.⁵⁹ Youths of *La Onda* donned long, unkempt hair, men and women wore ripped jeans, listened to rock and psychedelic music, and experimented with drugs. There were youths in *La Onda*, like other global counterculture movements, that used the new set of attitudes and repudiation of convention to pursue more radical and political ends. While participation in the counterculture movement did not always reflect a sense of rebellion against family and state authority, it did become “a pretext for *desmadre* [misbehavior], for openly defying *buenas costumbres* [family values] of family and society through drug consumption, liberated sexual relations, and in general replacing family dependency with independent living.”⁶⁰ A part of participating in *La Onda* was

⁵⁷ Erich Goode and Nachman Ben-Yehuda, *Moral Panics: The Social Construction of Deviance* (Malden: Wiley-Blackwell, 2009), 17.

⁵⁸ “La juventud ha olvidado la tradición moral Mexicana,” *La Extra*, 12 September 1957, 7.

⁵⁹ For more on *La Onda* see Alexander Dawson, “Salvador Roquet, Maria Sabina, and the Trouble with Jipis,” *Hispanic American Historical Review* Vol. 95, No. 1 (February, 2015): 103-133; Peter T. Furst, *Alucinógenos y cultura* (México: FCE, 1980); Julio Glockner y Enrique Soto eds., *La realidad alterada: drogas, enteógenos y cultura*, (México: Debate, 2006); Pensado, *Rebel Mexico*; Mary K. Vaughan, *Portrait of a Young Painter: Pepe Zuniga and Mexico City's Rebel Generation*, (Durham: Duke University Press, 2014).

⁶⁰ Zolov, *Refried Elvis*, 132.

experimenting with drugs. And so, drug use became an aspect that authorities could justifiably focus their concerns.

The counterculture movement occurred within the context of the politicization of Mexican students, only adding to anxieties about youth drug use. In response to attempts to modernize the city through technology, hygiene, criminology, sanitation, policing, and architecture, many members of the population, especially minors, increasingly pushed against the power of the state in the form of public mass demonstrations. Strikes by teachers, doctors, railroad workers, and students in the mid-1950s to the mid-1970s shook the foundation of the PRI's political legitimacy, and members of such groups who represented a threat to the social order frequently met with state-sanctioned violence, deportation, and/or imprisonment.⁶¹ The culmination of the state's violent repression of political dissent took place when student protesters, calling for greater democracy and social justice, were massacred by the hundreds outside of the Nonoalco-Tlatelolco housing project on October 2, 1968.⁶²

⁶¹ Gillingham and Smith, eds. *Dictablanda*; Jaime Pensado and Enrique Ochoa eds., *México Beyond 1968: Revolutionaries, Radicals, and Repression During the Global Sixties and Subversive Seventies* (Tucson: University of Arizona Press, 2018).

⁶² The historiography on 1968 in Mexico is vast and growing, particularly as access to government documents on both sides of the border become available. Most literature focuses on the question of state repression and student protest. Works from the Mexican perspective includes Sergio Aguayo Quezada, *1968: Los archivos de la violencia* (Mexico City: EditorialGrijalbo/Reforma, 1998); Raúl Alvarez Garín, *La estrella de Tlatelolco: Una reconstrucción histórica del movimiento estudiantil del 68* (Mexico City: Grijalbo, 1998), Julio Scherer García & Carlos Monsiváis, *Parte de Guerra: Tlatelolco 1968* (Mexico City: Nuevo Siglo/Aguilar, 1999); Carlos Montemayor, *Rehacer la historia: Análisis de los nuevos documentos del 2 de octubre de 1968 en Tlatelolco* (Mexico City: Planeta, 2000); Elena Poniatowska, *Massacre in Mexico*, trans. Helen R. Lane (Independence: University of Missouri Press, 1992); and Paco Ignacio Taibo II, *68*, trans. Donald Nicholson-Smith (New York: Seven Stories Press, 2004). Those which focus on the cultural context include Ariel Rodríguez Kuri, "El otro 68: Política y estilo en la organización de los juegos olímpicos de la ciudad de México," *Relaciones* 19 (Fall 1998) 109-29; Ariel Rodríguez Kuri, "Hacia México 68: Pedro Ramírez Vázquez y el proyecto olímpico," *Secuencia* Vol. 56, Issue May-August, pp37-73; Luis Castañeda, "Beyond Tlatelolco: Design, Media and Politics at Mexico '68," *Grey Room* vol. 40 (Summer 2010): 100-126; Jorge Volpi, *La imaginación y el poder: Una historia intelectual de 1968* (Mexico: Era, 1998); Eric Zolov, "Showcasing the Land of Tomorrow: Mexico and the 1968 Olympics," *The Americas* Vo. 61, No. 2 (October 2004) 159-188; Eric Zolov, *Refried Elvis: The Rise of the Mexican Counterculture* (Berkeley: University of California Press, 1999). Examining the role of Mexican memory see Lessie Jo Frazier and Deborah Cohen, "Defining the Space of Mexico '68: Heroic Masculinity in the Prison and 'Women' in the Streets," *Hispanic American Historical Review* 83:4 (November 2003), pp. 617-60; Elaine Carey *The Plaza of Sacrifices: Gender, Power, and Terror in 1968 Mexico* (Albuquerque: University of New Mexico Press, 2005); and Vania Markarian, "El movimiento estudiantil mexicano de 1968: Treinta años de debates

The 1968 student movement and the Tlatelolco massacre were representative of a much larger sector of society that struggled against one-party rule, and as Mexican historian Jaime Pensado demonstrates were part of a long history of political protests experienced in Mexico after 1940.⁶³ Pensado argues that the “official” history of student activism in Mexico ignores important antecedents that took place in the 1940s, 1950s, and early 1960s, and thus the “official” history fails to locate the important historical events within a local context of repeated, post-Revolutionary mobilization.⁶⁴ Pensado suggests that the 1968 student movement was not a unique, isolated moment in Mexico history, but rather, part of a series of previous moments of social discontent. The 1968 student movement and the state’s failure to deal with the movement demonstrates the PRI’s weak political apparatus: “the internal *cacique*-like disputes within the government, the brutality of the ill-trained *granaderos*, the unsuccessful attempts to completely censor the New Left, and the student massacres of ’68 exposed the limits of state power that only became evident in subsequent decades with the crumbling of the import substitution economic model.”⁶⁵ In an attempt to mask the reality of the PRI’s repression, the government looked to other forms of managing its authority crisis, such as creating a “problem” of drug use.

Combining fears of drug use and student movements gave the state justification and further disciplinary and regulatory power over minors. At the same time, it allowed the state to define minors as malleable and pre-political, something that through intense molding and guidance offered the opportunity to shape Mexico’s future. The voices of minors were excluded from any

públicos,” *Anuario de Espacios Urbanos* (2001), pp. 239-64.

⁶³ Pensado, *Rebel Mexico*.

⁶⁴ Herbert Braun explains that this narrative “reside[s] at the core of a broad set of ideas held mainly by a small and vocal group of seasoned student militants, university professors, teachers, and intellectuals (Elena Poniatowska, Carlos Monsivais, Daniel Cazes, Marcelino Perello, Luis Gonzalez de Alba, Raul Alvarez Garin) who were at the forefront of the movement.” Herbert Braun, “Protest of Engagement: Dignity, False Love, and Self Love in Mexico During 1968” in *Comparative Studies of Society and History*, Vol. 39, No. 3: 511-549.

⁶⁵ Pensado, *Rebel Mexico*, 240.

meaningful conversation as a way to discount the political agency of youth. Thus, the state shut many intensely political groups out of dialogue, opting instead to search for a hidden, corrupting cause of their politics. In the 1958 student bus strikes, for instance, the only “explanation” as to how these young people had become so militant and political was that they must have been led astray by foreign, communist agitators dedicated to the subversion of the Mexican government.⁶⁶ Suspicion of communist subversion sought to delegitimize the students’ grievances against the failures of the ruling party. The incidence demonstrated that youth had been radicalizing outside of the state’s reach.

Likewise, by framing students as “drug addicts,” authorities attempted to undermine the importance of the student movement. It also provided justification for surveillance and discipline over minors. By linking the student movement to drug use, and framing its members as “drug addicts,” the state was also able to rationalize the criminalization of drugs like marijuana and peyote.

Drug use was a global phenomenon amongst youth, but in Mexico, local practices and substances dictated the culture of drug use. Two parallel pathways of drug use divided the emerging cultural landscape in the early 1960s, both rooted in the types of drugs that minors chose. One was based on marijuana, and the other on industrial chemicals. Middle-class minors used or smoked marijuana, as well as peyote and hallucinogenic mushrooms. The economic boom celebrated the middle-class, who in turn elevated the marijuana smoker to a more privileged

⁶⁶ “Operación Moscú,” *El Universal*, 30 August, 1958 and “Agitadores profesionales son los culpables de todos los disturbios,” *Excelsior*, 11 September, 1958. For more on the role of the Cuban Revolution and its impact on the later student movements see Olga Pellicer de Brody, *México y la Revolución Cubana* (México: El Colegio de México, 1962); Arthur K. Smith Jr., “Mexico and the Cuban Revolution: Foreign Policy-Making in Mexico under Adolfo López Mateos, 1958-1964” (PhD Diss., Cornell University, 1970); and Pensado, *Rebel Mexico*.

position of middle-class identity.⁶⁷ For a century, marijuana had been associated with Mexico's downtrodden, bohemians, sailors and prisoners, but when it was adopted by American hippies in the 1960s, middle-class Mexicans replicated the use of the drug and made it their own. Moreover, the consumption of hallucinogenic mushrooms was not new to Mexicans. The presence of strong indigenous traditions in Mexico had a mirror effect on the emergence of drug cultures in the 1960s. Maztec Shaman María Sabina was an expert on psilocybin mushrooms, and had participated in indigenous drug traditions prior to the 1960s. Her village of Huata de Jiménez attracted U.S. travelers and hippies, and became a hippie tourist destination for Americans⁶⁸ in the 1960s.

While U.S. hippies went to the countryside, Mexican youths tended to focus their consumption in urban areas, like Mexico City.⁶⁹ What distinctive stamp did the predominantly white, Mexican middle-class, recreational youth culture of marijuana smoking leave on poor urban minors? Lower-class Mexican minors also used marijuana, but inhalants, such as glue and paint thinner, were the drug of choice for participating in the emerging youth culture. Minors chose industrial chemicals because they were readily available from Mexico's thriving manufacturing industry. In addition, industrial chemicals were accessible as poor minors often lived or worked in the manufacturing sectors of the city. Although informed by global trends, Mexico City developed its own culture surrounding drug use and the counterculture movement.

⁶⁷ Historically, marijuana was incredibly cheap, and connected to the lowest classes, prisoners, and soldiers. See Isaac Campos, *Home Grown: Marijuana and the Origins of Mexico's War on Drugs* (Chapel Hill: University of North Carolina Press, 2012). See also Carey, *Women Drug Traffickers*.

⁶⁸ Juan Pedro Viqueira Albán *¿Relajados o reprimidos?: diversiones publicas y vida social en la Ciudad de México durante el Siglo de las Luces* (México: FCE, 1987); Gonzalo Aguirre Beltrán, *Medicina y magia* (México: INI, 1987); Henrich Berlin, *Idolatría y superstición entre los indios de Oaxaca* (México: Toledo, 1988); Dawson, "Salvador Roquet, Maria Sabina, and the Trouble with Jipis;" Furst, *Alucinógenos y cultura*; Benjamin Feinberg, "Maria Sabina" in *Iconic Mexico: An Encyclopedia from Acapulco to Zocalo*. Eric Zolov, eds. (Santa Barbara: ABC-CLIO, LLC, 2015); Ramsés Hernández Lucas y Margarita Loera Chávez y Peniche *El hongo sagrado del Popocatepetl* (México: Conaculta, 2008). Pilar Maynes, *Religión y magia* (México: UNAM, 1989); Pedro Ponce et al., *El alma encantada* (México: INI, 1987); and Julio Glockner y Enrique Soto eds., *La realidad alterada: drogas, enteogenos y cultura*, (México, Debate, 2006).

⁶⁹ Parmenides Garcia Saldana, *En la ruta de la onda* (Mexico: Diogenes, 1974).

If listening to rock-and-roll music caused moral panics, the effect of drug use on Mexican conservatives caused a societal hysteria. Youth drug use was introduced as one of the defining problems of the day. Mexican physician and Director General of nutrition and control of medicines and drugs in the Secretaría de Salubridad y Asistencia (SSA), Dr. Demetrio Mayoral Pardo, stated that juvenile drug addiction “has become the Frankenstein of our time: a monster that destroys everything and no one can stop it.”⁷⁰ Leading medical authorities stated that “youths [were] rebelling against the established order, expressing their rebelliousness through their clothing and hairstyles, and ingesting toxic substances.”⁷¹ As with rock music, there was evidence of overreaction and excessive force towards drug use because it was perceived to threaten the traditional Mexican social fabric. For some journalists, the use of drugs was tantamount to the degeneration of the nation itself. Another Mexican physician, Mario Salazar Mallen, wrote, “We witness the destruction of our political system, and a symptom of this catastrophe is the degeneration of *costumbres*, exemplified by the abuse of drugs. Our concern then should be directed not so much on the focus of the use of drugs, but rather on the overall sickness of our society.”⁷² Youth drug use was alarming to authorities because it meant that “childhood would cease to be the promise of a better future,” and would “symbolize a threat to the extinction of the human race.”⁷³

By linking drug use to degeneration and “sickness,” health specialists were called into action and immediately began conducting investigations to understand the phenomenon of minor

⁷⁰ Demetrio Mayoral Pardo, “Toxicomanía- Farmacodependencia,” *CEMEF* Vol. 1 No. 6 (Agosto 1973) in Centro Mexicano de Estudios en Farmacodependencia, 1972-1973, Secretaría de Salubridad y Asistencia, Secretaría Particular, Caja 266, Exp. 1

⁷¹ Guillermo Calderón Narváez, “El Problema de dependencia a drogas y el médico,” *Enfermedades* 1967-1973, Subsecretario de Asistencia, Secretaría de Salud, Caja 122, Exp. 3.

⁷² Mario Salazar Mallen, “Sobre la Mariguana y los Mariguanos,” *El Universal*, 17 June 1972, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo.

⁷³ Manuela A. Díaz Cid. “Drogadicción: Esclavitud del Siglo. “Quien Corrompe a la Niñez?” *El Heraldo de México* 17 June 1972. P. 4. AGN, DGIPS, Caja 948, Exp. 1.

drug use.⁷⁴ In this panic over an imagined crisis of drug-addicted minors, health specialists implored parents and teachers to find a way to fight the “sickness,” phrasing it as a battle for the biological survival of Mexican minors and the nation. Dr. Guillermo Calderón Narváez, director of the Mental Health Division of the SSA, compiled a report in 1971 on juvenile drug use in Mexico. His views were shared by many in the Mexican media. Dr. Calderón Narváez defined drug abuse among minors, and by extension, juvenile rebellion, as a public health crisis. He blamed the rapid pace of industrial modernization, the loosening of family structures, and the complexity of the mechanized world for disrupting the natural psychological development of adolescents, whose prefrontal cortex and amygdala did not fully develop until adolescent’s mid-twenties. Therefore, according to Narváez, minors did not have the self-control to delay gratification for drug use. They struggled with impulse control, and in many cases, found it difficult to stop using.

Medical experts conflated drug use among minors with mental illness affecting minors and threatening the public. Calderón Narváez’s further extended this trope of public health crisis, arguing that in taking drugs, Mexican minors engaged in an activity that provoked “physical social and economic consequences unfavorable to the user and other persons.”⁷⁵ The argument linking “economic consequences” to drug use is significant; Calderón Narváez equated sanity, normalcy, and “ability to produce” to non-drug users only. Drug users were seen as a drain on society – morally, economically, and socially worthless. In fact, tracing back to the 1950s the SSA defined normalcy as follows: “the individual[...]attains value in function of what he produces, that is to say, for a man to be valued, he must produce at least the value of what he consumed...he is

⁷⁴ Unless otherwise noted the health specialists I refer to throughout are mostly general physicians, psychologists, and psychiatrists. Rarely are they specifically drug specific health specialists.

⁷⁵ Guillermo Calderón Narváez, “El Problema de dependencia a drogas y el médico,” *Enfermedades 1967-1973*, Subsecretario de Asistencia, Secretaría de Salud, Caja 122, Exp. 3.

fundamentally our problem, our subject.”⁷⁶ Thus, medical definitions of normalcy within the SSA were rooted in an individual’s productivity as an approach to measuring sanity.

With an environment of fear and anxiety around drug use saturating the nation, medical experts found that mental illness was a satisfactory explanation for a behavior that otherwise perplexed them. In October 1969, Mexican bureaucrat José Ganem Pérez presented a study he had conducted on growing drug culture among hippies and minors. In his pamphlet, *Los hippies y los hongos alucinógenos de la sierra de Oaxaca* (Hippies and Hallucinogenic Mushrooms in the Sierra de Oaxaca),⁷⁷ Ganem Pérez argued that drug use was a symptom of a larger pathology; a mental illness. Perceiving drug use as a threat to Mexico, he suggested the use of anti-drug publicity campaigns, censure of hippie culture by either the government or restricting visitors, and the creation of specialized centers designed for diagnosing and treating the psychiatric condition of the youth addict. These centers would also invite minors’ parents so they might recognize “the biological, psychological, and social character” of the potentially ill adolescent and rescue the individual from the “desire to escape towards darkness.”⁷⁸ Notably, Ganem Pérez, and other medical experts of the time, built on psychiatric explanations for youth rebellion. For medical experts, youth were no longer a mass category, but rather individuals defined as potential patients.

By the 1970s, the sentiments of a broad range of Mexican authorities who sought to treat the problem of minors echoed Ganem Pérez’s pamphlet. The Mexican press was instrumental in bringing the dire warnings into the homes through radio or television, and conversations of the reading public. Because there was so much attention surrounding drug use on an international

⁷⁶ Secretaría de Salubridad y Asistencia, “Programa de Trabajo de Dirección General de Rehabilitación,” 26 Junio 1956, Secretaría de Salubridad y Asistencia, Subsecretaría Secretaría de Salud, Caja 64, Exp. 4.

⁷⁷ José Ganem Pérez, *Los Hippies y los Hongos Alucinogenos en la Sierra de Oaxaca*, 1969, Procuraduría General de Justicia del Distrito y Territorios Federales, Secretaría de Salubridad y Asistencia, Subsecretaría Secretaría de Salud, Caja 28, Exp. 4.

⁷⁸ Ibid.

scale, the Universidad Nacional Autónoma de México (National Autonomous University of Mexico, UNAM) School of Law organized a conference concerning drug use and addiction in 1970. Journalists covering the conference cited Dr. Francisco Acevedo Vargas from the SSA, who warned of the annual 4 percent increase in drug use in Mexico.⁷⁹ He argued,, “[...]the moral and material interests of our society, even the conservation of our species[...]” were at stake.⁸⁰ One journalist from *El Universal* claimed that in taking drugs, Mexican minors were “undermining their own existence,” critiquing drug dealers as the true evil and manipulative aspect of the problem.⁸¹ The journalist intimated that the minors were actually victims; dealers and traffickers engaged in an “assault on youth, through degeneration and corruption in order to count on docile elements in the hands of a series of groups that try to *guide* youth in the struggle against established authority, against consolidated structures.”⁸² For these particular worldviews, drug using minors were victims to the evils of other, adult forces.

Other doctors also expressed the notion that minors were victims, not to drug dealers or traffickers, but to a “socio-cultural scene.” Dr. Velasco argued that the abuse of drugs was an indicator that minors were “gravely affected by the accelerated process of social transformation, rapid technological development, growth of the urban population at the expense of the rural population, and the loosening of familial structures.”⁸³ These types of messages communicated in the press added to the moral panic of many Mexicans. These views also removed individual

⁷⁹ It is unclear exactly how Dr. Francisco Acevedo Vargas arrived at this number. Most likely from studies conducted among universities and hospital entry numbers, which are discussed in the next chapter.

⁸⁰ “Aumenta el 4% anual el uso de drogas en nuestro país,” *El Universal*, 11 October, 1970, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo.

⁸¹ Isabel Hernando, “El mundo de hoy,” *El Universal*, 31 January 1970, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo.

⁸² *Ibid.*

⁸³ “Acción conjunta de padres y autoridades para rescatar al joven del toxicomanías,” *Novedades*, 9 May 1971, 10.

responsibility from minors altogether; placing blame on someone or something else, whether it be adults, drug dealers, or the effects of modernization.

The medical debate about drug using minors did oblige a significant number of Mexican parents, teachers, doctors, and other adults to think about drug use in terms of illness, one that was contagious among Mexican minors. In fact, drug users of all ages were perceived as a symptom of “social decomposition,” in which “sick people had to be treated.”⁸⁴ In a 1969 interview, one of the most influential criminologists of Mexico in the twentieth century, Alfonso Quirzo Cuarón, went on to describe drug use and addiction as a form of “social autism,” in which users isolate themselves first from their families and then from society.⁸⁵ In other words, he argued that drug use provoked anti-social behavior in youths. According to Quirzo Cuarón, the Center for Drug Addiction Rehabilitation within the Hospital Español in 1971 had a total of 1,250 clinical cases of brain damage caused by drug addiction.⁸⁶ Quirzo Cuarón attributed the increase of sick people in the country to drug use.⁸⁷

The mental health community took on an important role in shaping a conversation about youth. At the First Seminar on Drug Consumption in Mexico in 1972, “the number of drug addicts in Mexico is ridiculous if you compare it to the number of alcoholics,” and thus, there should be a “new focus on this social problem [of drugs] to create a healthy environment for future generations.”⁸⁸ These claims were supported by other doctors in the medical community, like Dr.

⁸⁴ “Combate contra las drogas, *Excelsior*, 11 March 1970, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Prohibiciones 1969-1975.

⁸⁵ Pedro Alvarez del Villar, “Estalla la familia y los hijos recurren a la droga,” *Excelsior*, 18 September 1969, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo.

⁸⁶ “Se Multiplican los Enfermos cerebrales por uso de Drogas.” *Universal Gráfico* 12 de June 1972. P. 4. AGN, DGIPS, Caja 948, Exp. 1.

⁸⁷ Antonio Perez Vieytez, “Las Drogas, una Epidemia.” *la Prensa* 9 June 1972. P. 2. AGN, DGIPS, Caja 948 Exp. 1. See also his works on criminology: Alfonso Quirzo Cuarón, *La Criminalidad en la Republica Mexicana* (Mexico City: UNAM, 1958); Alfonso Quirzo Cuarón, et al. *Tendencia y ritmo de la criminalidad en México* (Mexico City: Instituto de Investigaciones Estadísticas, 1939).

⁸⁸ Salvador Ponce de León, “El Primer Problema del Mexicano,” *El Universal* 20 June 1972. P. 6. AGN, DGIPS, Caja

Ernesto Lammoglia, a psychiatrist, criminologist and disciple of Dr. Calderón Narváez.⁸⁹ In 1971 Dr. Lammoglia presented data collected in his work on drug addiction to the newspaper *El Universal*. Based on his experience as a psychiatrist and criminologist, he defined drug addiction as a “problem that [was] causing the mental genocide of thousands of youth.”⁹⁰ Building on previous ideas expounded in medical circles and perpetuated in the media, Dr. Lammoglia argued that the youth of Mexico were ill, and as a result of this particular pathology (addiction), were engaging in a “collective suicide”⁹¹ that threatened both their own existence and that of humanity. Equating youth or adolescence with psychological pathologies helped to explain the behavior of Mexico’s drug using minors and gave further justification for the intervention in the lives of drug using minors.

Conclusion

The convergence of juvenile population growth, the increase in juvenile delinquency, and new cultural trends that challenged the traditional Mexican patriarchal order led to the reconfiguration of ideas about normalcy for young people of both lower and middle classes. Within a context of a wider struggle by conservatives to root out “immoral” influences in society more generally, political commentators and authorities turned their attention to minors. This was part of an effort to explain the violent crisis that shook Mexico in the 1960s and cast doubts on its

948, Exp. 1

⁸⁹ Ernesto Lammoglia has been the head of the medical-psychological section of the Juvenile Court, first general coordinator of the Centros de Integración Juvenil (Youth Integration Centers), and advisor to the Secretario de Gobernación (Secretary of Government) in matters of prevention and social rehabilitation; Member of the Mexico-North American Commission for the Study of Drug Abuse of the SSA, among others. Today he is the advisor to President Andrés Manuel López Obrador on drug rehabilitation and addiction matters. See his website for more information. <https://lammoglia.mx/>

⁹⁰ “Miles de jóvenes son víctimas de la drogadicción,” *El Universal*, 10 July, 1971, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo.

⁹¹ Ibid.

modernizing trajectory. Threatening images of violence, criminality, and political dissent fanned the flames of public fears,⁹² while drug using minors were pulled in a myriad of different directions. The Mexican public was struggling to make sense of a this newly emerging Mexico. Realizing that modernity and industrialization came at a cost and being both threatened and made fearful by a campaign of fear staged by their own State, it reacted with panic and alarm.

The social and cultural changes in Mexico City beginning in the 1950s changed what was acceptable normal behavior of minors. As a result, behaviors that were not considered delinquent before the 1950s suddenly were. Other behaviors, like using drugs were further criminalized during this time. Substances like marijuana were said to poison the body, causing the body to degenerate and be unsuitable for work, discipline, and other forms of social reproduction. This narrative relied on a world of scientific experts, who were called up to remind government officials and others of the specifically pernicious effect of the substance on the human body. These debates would materialize through legislation regarding drugs and drug use, explored in subsequent chapters.

Although experts painted a harrowing drug crisis in Mexico, there were conflicting views on the rate of drug consumption during this period. Was the problem in Mexico really as rampant as authorities made it out to be? Perhaps these conflicting perceptions of drug use had more to do with what drug addiction meant for the health of the country, in terms of who would be governing in the future and what that would look like, than it did as an actual health risk to the population. In other words, drug addiction was a problem because young people, the future generation of Mexico, were contaminating the body of the state. Drug addiction destabilized the individual and social body. The next chapter explains the reality of the drug problem, what some of the figures actually

⁹² See also Stanley Cohen, *Folk Devils and Moral Panics: The Creation of the Mods and Rockers* (London: MacGibbon and Kee, 1972), and Valeria Manzano “” Rock Nacional” and Revolutionary Politics: The Making of Youth Culture of Contestation in Argentina, 1966-1976,” *The Americas* Vol. 70 No. 3 (January 2014).

were, who the main consumers were, and how the main issue of drug use was not rooted in counterculture as the experts led people to believe. The reality of drug use in Mexico was far more nuanced than what was presented to the Mexican public.

Chapter Two: The Reality of Drug Use in Mexico City

Introduction

The Mexican state, health specialists, criminal authorities, and the press worked relentlessly to address the panic that they had wrought on the public by claiming that a majority of Mexican minors were involved in drug abuse. However, this panic captured little nuance of the actual drug experience in Mexico City.¹ In reality, marijuana was the most commonly used *illicit* drug, and was used by all socioeconomic classes. The most widely used drugs was the use of paint thinners and industrial adhesives, or glue, which grew exponentially throughout the decades of the 1960s and 1970s. Hard drugs, such as hallucinogens and heroin were rare among lower- and middle-class residents, and there is little information on upper class use, but we do know cocaine was limited to those with significant means. The rapid increase in drug use and the decrease in age of drug users in the 1960s and 1970s indicates that the panic described in Chapter One had a basis in reality. However, the panic had more to do with morality than it did with the perception that all minors were using drugs.

This chapter describes the landscape of drug use in Mexico City in the 1960s and 1970s in quantitative terms. Government studies, court records, and newspaper articles demonstrate that drug use was occurring but that it was not nearly as significant as authorities often claimed. As well, census data on Juvenile Court entries and the sample obtained from Juvenile Court records did not always reflect the figures that government studies of drug use produced. Cross referencing

¹ Lepoldo Cano, "Anfetaminas, la Drogas de uso Común Entre los Jóvenes," *El Universal*, 4 July 1979, 12; Roberto Noriega, "Drogadicción Entre 10 y 15% de los Jóvenes Preparatorianos," *El Sol de México*, 30 September 1973, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo; Francisco Jorda Galan, "Es muy grande el número de adictos; jóvenes la mayoría," *El Universal*, 10 October 1979, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo; Salvador Castañeda, "A pesar de combatirlo, se incrementa el uso de drogas," *Novedades*, 14 July 1979, 12.

these data sets to show discrepancies and accuracies can determine the growth rate of drug use, age, gender, and other patterns of drug use.

Drug use occurred among minors, mostly males between the ages of eleven and seventeen, from all different social classes.² The Mexican state defined minors as under the age of eighteen.³ I analyze gender, age, rate of consumption, and patterns based on social class. Defining the trends and behaviors of drug consumption based on the type of drug chosen identifies the degree to which the rate of drug use was increasing over the 1960 to 1980s. These trends, as activities and practices, connected its users and their relationship to specific types of drugs. In general, lower-class minors chose industrial chemicals, middle-class users chose marijuana, upper-class minors chose marijuana; with the rare exception of a small percentage who used “harder” drugs, such as hallucinogens or cocaine. This first section of this chapter analyzes drug users in age, gender, and consumption increase, beginning in the 1960s. The second part examines what drugs minors used, focusing on types of drugs, their effects, and consumption based on social class.

The Consejo Tutelar para Menores Infractores (Juvenile Court) is the only source for court records of minors in Mexico City between 1960 and 1975.⁴ The data offers insight into drug use trends and behaviors, as well as urban life for minors in Mexico City during the 1960s and 1970s. Census records in these years provide data on the total number of entries into the Juvenile Court based on gender. There were 70,416 minors who entered the Juvenile Court, providing context for the sample used. “Entered” the Juvenile Court means that they were arrested by the police, detained by the Court, and placed under observation until a panel of judges set the terms of release (see

² However, it is important to note that an increase in youth drug use did not mean that youths were consuming more than adults. In addition, it also did not mean that adult consumption rates were also increasing. We can assume that they were, but this project did not find any specific evidence to address that matter.

³ How minors were treated under the law, specifically related to drug use, is the subject of Chapters Three and Four.

⁴ The date for the court records ends at 1975 as this is the only available information for the Consejo Tutelar Para Menores Infractores. There are no records available to the public after 1975.

appendix II for a sample case). A selection of 3078 Juvenile Court cases between 1960 and 1975 were examined, a 5 percent sample. The Court cases include delinquencies of all types; not just intoxication or *delitos contra la salud* (crimes against health). Taking a sample that included a variety of delinquencies helped determine which minors may have been accused of other crimes but were also drug users. These cases provide significant contributions to the analysis of identifying drug users and their drugs of choice.

What Did Drug Use Look Like in Mexico City?

The first half of the twentieth century in Mexico City witnessed the practice of drug use amongst adults; specifically, prisoners, soldiers, and lower-income city dwellers.⁵ This practice changed noticeably in the second half of the twentieth century for adults and minors. Mexico's Attorney General, Pedro Ojeda Paullada (1971-1976), stated that in 1950, only one out of every four adults arrested were responsible for drug crimes. However, in 1971, drug crime accounted for almost half of federal criminal matters among adults.⁶ Drug scholar Efraín García Ramírez explained that in 1952, the courts identified 111 adult drug users; by 1964, this number had increased to 528.⁷ Rates of consumption increased among minors as well. Evidence from the Secretaría de Salubridad y Asistencia (SSA), Universidad Nacional Autónoma de México (UNAM), various hospitals in Mexico City, the Centros de Integración Juvenil (Youth Integration Centers, CIJ), and the Juvenile Court conducted separate studies examining different age groups

⁵ Isaac Campos, *Home Grown: Marijuana and the Origins of Mexico's War on Drugs* (Chapel Hill: University of North Carolina Press, 2012); Ricardo Pérez Montfort, *Yerba, Goma y Polvo: drogas, ambientes y policías en México* (Mexico City: Conaculta-INAH, 1999) and *Tolerancia y Prohibición: Aproximaciones a la historia social y cultural de las drogas en México, 1840-1940* (Mexico City: Penguin Random House, 2016); José Domingo Schievenini Stefeanoni, "La criminalización del consume de marihuana en México (1912-1961)," (PhD Dissertation, Universidad Nacional Autónoma de México, 2018).

⁶ Olga Cárdenas de Ojeda, *Toxicomanía y Narcotráfico: Aspectos Legales* (México: Fondo de Cultural Económica de México, 1974), xiii.

⁷ Efraín García Ramírez, *Análisis jurídico del delito contra la salud* (México: Editorial Sista, S.A. de C.V., 1991) 101.

and various social classes throughout Mexico City.⁸ These were multiple studies over the years. As a result, the figures conflict between institutions, primarily because they conducted their research amongst different age groups, genders, locations within Mexico City, and social classes. Regardless, all studies demonstrate two significant findings: by the 1960s, minors of lower socioeconomic classes were using more drugs than before, and drug use was becoming endemic to minors of all classes. That these different institutions carried out epidemiological studies highlights the need to understand the growing phenomenon of drug use among minors.

Psychiatric hospitals were some of the first sites to observe the increase of drug use among minors, as their admittance numbers for drug-related behavioral issues increased. Dr. Guillermo Calerón Narváez, director of Mental Health division at the SSA and the psychiatry division of the *Hospital Español* in Mexico City, noted a difference in admittance rates between 1959 and 1971. In 1959 there were only eight minors (under the age of twenty-one) who were admitted for drug-related psychiatric problems. However, by 1971 sixty-nine minors (under the age of twenty-one) were admitted for “behavioral disorders” associated with marijuana, amphetamines, LSD, hallucinogenic mushrooms, and mescaline; an increase of “800 percent” as noted by Dr. Guillermo Calerón Narváez.⁹ The increase in admittance numbers led health specialists to deduce that drug use led to mental health issues. Dr. Hector Solís Quiroga, the director of the Juvenile Court in the

⁸ In general, studies conducted by the SSA, UNAM, and the Consejo Tutelar were carried out in the late 1960s and early 1970s as this is when judicial and sanitary authorities began realizing that due to the increased rate of drug use among youths, more work has to be done to identify the trends of drug use. In turn, this allowed judicial and sanitary authorities more information to tackle the problem. In addition, the CEMEF, which was specifically designed to carry out the types of epidemiological studies required in identifying trends in drug use was not created until 1972. See the chapter of medicalization to read more about how the CEMEF was created, its goals, functions, and achievements.

⁹ Guillermo Calderón Narváez, “Consideraciones generales en relación con el problema de farmacodependencia,” 1971-1972, Consejo Nacional de Problemas en Farmacodependencia, Secretaría Particular, Archivo de Secretaria de Salubridad y Asistencia, Caja 244, Exp. 2.

1970s, warned that those who used marijuana and/or the inhaled toxic chemicals were “sure candidates for the insane asylum,” due to the irreversible damage drugs produced.¹⁰

The staff of the *Fray Bernardino Álvarez* Hospital observed an increase in young patients experiencing mental health problems associated with drug use. Of 1,132 people admitted between 1967 and 1971, 20 percent presented a dependency on alcohol and other drugs, and 4 percent were diagnosed with psychosis from drug abuse.¹¹ It was not only the admittance numbers that were increasing; doctors also found that the age of patients was decreasing. The *Fray Bernardino Álvarez* Hospital staff explained that in 1967, the minimum age of drug users was twenty-two, and the average age was thirty-five. By 1971, a scant four years later, the minimum age of drug users was twelve and the average age was sixteen.¹² Although juvenile hospital admittance figures were indicators of the rise of the drug use phenomenon, the figures do not account for the rise in drug use among minors who were not admitted to the hospital. Minors admitted to hospitals for drug related matters represented a small sample of the drug using population.

As drug use increased among minors during these years, researchers focused on schools and universities in Mexico City as sites for their epidemiological studies. The UNAM provided not only a large sample size due to its student population, but also several specialized departments of the university that focused on different areas to study drug use, such as the age of the consumer and other variables. The Departamento de Psicología Médica, Psiquiatría y Salud Mental (Department of Medical Psychology, Psychiatry and Mental Health) of the Facultad de Medicina (School of Medicine) at UNAM took particular interest in the study of increasing drug use among

¹⁰ “Las Drogas, Camino al Manicomio, Dice Solís Quiroga,” *Excelsior* 6 July 1974, 10.

¹¹ Guillermo Calerón Narváez, “Los jóvenes y las drogas,” 1972-1975, Campaña Contra la Producción y Tráfico de Enervantes, Secretaría Particular, Archivo de Secretaría de Salubridad y Asistencia, Caja 267, Exp. 3.

¹² Roberto Noriega, “Drogadicción Entre el 10 y 15% de los Jóvenes Preparatorianos,” *El Sol de México* 30 September 1973, 20.

minors and conducted several studies. Researchers noted that up until 1960, in Mexico City “there were very few minors under twenty one who used drugs,” and it was not until 1965 that marijuana and other drugs became “more popular for those under twenty one.”¹³ Results of the study indicated that by the 1970s, the age of drug consumers fluctuated between thirteen and nineteen years old.¹⁴

Other studies surveying primary, secondary, high school, and universities in the late 1960s demonstrate that consumption was taking place among students of all educational levels and age groups.¹⁵ For instance, Dr. Guillermo Calderón Narváez conducted a survey of the use of drugs among 7,453 students from 148 secondary school students in Mexico City in 1971.¹⁶ He considered this a significant sample, as the total number of secondary school students in Mexico City amounted to 219,861, including day and night schools, and public and private schools. Dr. Guillermo Calderón Narváez found that between 10 percent and 15 percent of secondary school students admitted to having used drugs at least once or on various occasions. Of this group, 79 percent used marijuana, 9 percent used amphetamines or barbiturates, 7 percent inhaled industrial glue or thinner, 3 percent used amphetamines intravenously, and 3 percent consumed another type of drug.¹⁷

¹³ “El Problema de Farmacodependencia,” Departamento de Psicología Médica, Psiquiatría y Salud Mental, Facultad de Medicina, UNAM, Consejo Nacional de Problemas en Farmacodependencia, 1971- 1972, Secretaría Particular, Archivo de Secretaria de Salubridad y Asistencia, Caja 244, Exp. 2, Page 22.

¹⁴ “El Problema de Farmacodependencia,” Departamento de Psicología Médica, Psiquiatría y Salud Mental, Facultad de Medicina, UNAM, Consejo Nacional de Problemas en Farmacodependencia, 1971- 1972, Fondo: Secretaría Particular, Archivo de Secretaria de Salubridad y Asistencia, Caja 244, Exp. 2, Page 22.

¹⁵ Hector Cabildo Arellano noted that consumption was first observed occurring among high school students, then in secondary schools, and by 1969 in primary school. In other words, drug use was occurring among younger age groups from the early 1960s to the late 1960s. Hector Cabildo Arellano, et al “Investigación sobre el uso de sustancias intoxicantes entre menores y jóvenes del Distrito Sanitario XVI,” *Revista de Salud Pública de México* Vol. 1 No. 14 (México 1972): 17-58.

¹⁶ The age of secondary school students in México City runs from 11 and 12 to 15 and 16 years of age.

¹⁷ Guillermo Calderón Narváez, “Consideraciones Generales en Relación con el Problema de Farmacodependencia,” Consejo Nacional de Problemas en Farmacodependencia, 1971- 1972, Fondo: Secretaría Particular, Archivo de Secretaria de Salubridad y Asistencia, Caja 244, Exp. 2, Page 4.

Government institutions were also concerned with the rise in drug use, and the age of consumers. The CIJ was a subdivision of the SSA by 1971 and aptly situated to conduct investigations. The CIJ dealt exclusively with drug use among minors. They had prevention programs, worked closely with communities and schools in areas that were considered prone to drug use, and offered treatment centers for addicts. Therefore, the CIJ could easily gain access to information about drug use in Mexico City during this time. María Eugenia Moreno, president of the CIJ in the 1970s, discovered that 65 percent of drug users that attended the CIJ ranged in age between of eleven and twenty-five years old, with 59 percent of them being males. Ten percent of these males were less than ten years old.¹⁸ Moreno stated that the use of industrial chemicals was common amongst minors who did not have many economic resources, “constituting the problem as an expression of misery, marginalization, and unemployment.”¹⁹ In fact, in 1979 Moreno expressed that out of 207,000 drug users that entered the CIJ, 66 percent did not have a job, and the rest earned minimum wage. A study conducted by the Centro de Estudios Mexicanos en Farmacodependencia, CEMEF (Mexican Center for the Study of Drug Dependence and organized within the SSA) supported the evidence from the CIJ. The CEMEF found that by 1975, about 40 percent of the juvenile population in Mexico City had used industrial chemicals as a way to get high.²⁰

In addition to the age and gender, the CIJ examined those who experienced physical or mental problems as a direct result of drug use. Dr. Ernesto H. Lammoglia Ruiz, coordinator of the CIJ in the 1970s, indicated notable findings from young students he sent for outpatient psychiatric

¹⁸ Sandra Luz Gallegos, “El diez por ciento de los niños menores de once años, son edictos,” *El Nacional* 19 April 1979, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo.

¹⁹ “La farmacodependencia es una ‘subcultura de la protesta,’” *El Nacional* 19 April 1979, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo.

²⁰ María Elena Median Mora, Ana de la Parra, G. Terroba, T. Saltijeral, y O. Salinas, “Estudio epidemiológico sobre consumo de fármacos en el Distrito Federal,” *Cuadernos científicos CEMEF* (1976).

care. Out of all the total patients that were sent to the National Psychiatric Hospital, 64 percent tried drugs. Of that 64 percent, 1 percent suffered from cerebral damage and 14 percent continued to consume drugs once they entered the Hospital.²¹ Similar to the hospitals, the information from the CIJ was based primarily on minors who needed treatment or rehabilitation. Therefore, the figures are not entirely representative of the Mexico City population but suggest a trend toward wide use in all ages. The rapid increase in drug use and the decrease in age in the 1960s and 1970s indicates that the panic described in chapter one had a basis in reality. However, the panic over drug use that was expressed in the media and government documents also had a lot to do with a concern over morality for Mexican youths. While there were quite a number of minors trying drugs (14 percent of secondary school students for example), this was not the whole of the younger generation.

Newspapers also documented the rising drug use among young Mexico City residents. While several articles reported on studies conducted by third parties, including the ones discussed above, other articles were opinion pieces about drug use. In 1970, *Novedades* published an article titled “14 Percent of Capital City Minors Consume Drugs and Enervates,” outlining the increase in drug consumption.²² Several national newspapers headlined between 1960 and 1980 that the country was being plagued by a drug crisis of extreme proportions. Journalist Juventino Chávez stated that in comparison to 1967, in 1968 and 1969 the consumption of drugs increased more than 1300 percent amongst city minors. By any metric, this is an outstanding increase in percentage.²³ Another journalist reported that the problem of drug use “increase[d] at a steady rate of 0.7 percent

²¹ Juventino Chávez, “El 14 por ciento de la actual juventud capitalina consume drogas y enervantes” *Novedades*, 2 August 1970, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo.

²² Ibid.

²³ Ibid. The journalist and the newspaper do not clarify where this information was obtained from, and therefore, we do not know if this rate of increase is true.

a year,” and that amongst 200,000 high school students, only 10 percent to 15 percent used drugs once, or on various occasions.²⁴ Although this does not reflect the same figures Juventino Chávez reported, they do comply with the figures that Dr. Calderón gathered in the previously mentioned study. Figures conflicted because studies were conducted among different age groups, genders, social classes, schools, and neighborhoods in Mexico City.

Newspapers also paid attention to the fact that consumers were younger. In 1969, *El Universal* reported that schools were becoming sites of vice, and consumption was taking place amongst younger groups each time.²⁵ It was undeniable that drug use had become an issue worthy of discussion by the 1970s.

The drug consumption figures from newspapers, secondary schools, high schools, and universities, as well as hospital admittance rates were a small sample of a larger phenomenon of the increase in drug use during the 1960s and 1970s. Although the figures were difficult to calculate precisely, the above data highlights that drug consumption among young people was prevalent and growing. However, this was not surprising as availability for drugs like marijuana and industrial chemicals increased during this period; what seemed to alarm authorities was that drug use was growing and it was taking place amongst younger age groups.

The data above only illustrates the increase in drug use among secondary, high school, and university students, and admitted patients. The surveys are only a reliable sample if we consider the population groups from which they are polling. It does not include data from minors who did not attend schools, or those who were untreated or died from their drug abuse. In addition, the data above comes primarily from studies carried out in the 1970s. This was most likely due to the fact

²⁴ Noriega, “Drogadicción Entre el 10 y 15% de los Jóvenes Preparatorianos.”

²⁵ “Sección Editorial: El Peor Criminal,” *El Universal* 28 April 1969, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo.

that authorities did not conduct these studies until late 1960s. The studies are helpful in determining some of the patterns among drug users. But examining in further detail the age, gender, and class of young consumers provides a more complete understanding of consumption patterns, specifically the increase rate amid minors in Mexico City.

Amplifying the Study: Juvenile Court Drug Consumers

Information collected from cases of the Juvenile Court provide a detailed picture of the consumer by age and gender. These figures offer a look into the consumption practices amongst minors who did not go to school and among those involved in delinquent behavior. The information also reveals the number of minors placed under police custody. Of the total minors who entered the court system, 87 percent were males and 13 percent were females (see appendix I, tables 1 and 2).²⁶ Minors who entered the Juvenile Court meant that they were arrested by the police, detained by the court, and placed under observation until a panel of judges set the terms of release. Court officials and judges believed that a minor's accused delinquency stemmed in part caused from environmental factors, poverty, and/or family problems. Therefore, Court officials conducted extensive social, educational, psychological, and medical studies while the minor was detained by the court. The results of these studies helped the caseworker and judge determine the outcome of a minor's case. The details of this process are outlined in the next two chapters.

The data from the total cases from the Juvenile Court offers an overall comparison between the number of minors who entered the Juvenile Court system due to non-drug related crimes and drug related crimes. The census data demonstrates that minors were most commonly detained for

²⁶ Figures for the overall entries into the Juvenile Court were obtained through Secretaría de Industria y Comercio, Dirección General de Estadística, *Anuario estadístico de los Estados Unidos Mexicanos, 1975-1976*, México, Talleres Gráficos de la Nación, 1979.

theft, making up 38 percent of total entries between 1960 and 1975 (see appendix I, tables 1 and 2 for data).²⁷ The figures also offer information about gender specific crimes. For instance, males were more likely to commit rape (3 percent of total entries for males), whereas females were more likely to be detained for prostitution (6 percent of total entries for females). The numbers for males were higher than for females, yet the most common age of total minors taken to court for both was between fourteen and seventeen. *Delitos contra la salud*, (crimes against health), were committed by males and females, and so to provide an overall sense of the increase in drug consumption amongst minors in Mexico City.

The Juvenile Court used the terms “intoxication” and “*contra la salud*” interchangeably to refer to drug use or drug related offenses, like possession. The cases in which possession of drugs were involved were always linked to the use of the drug in possession. Between 1960 and 1975, drug crimes made up 8 percent of the total entries of minors who were arrested and entered the Juvenile Court system between those years (see appendix I, tables 1 and 2 for data).²⁸

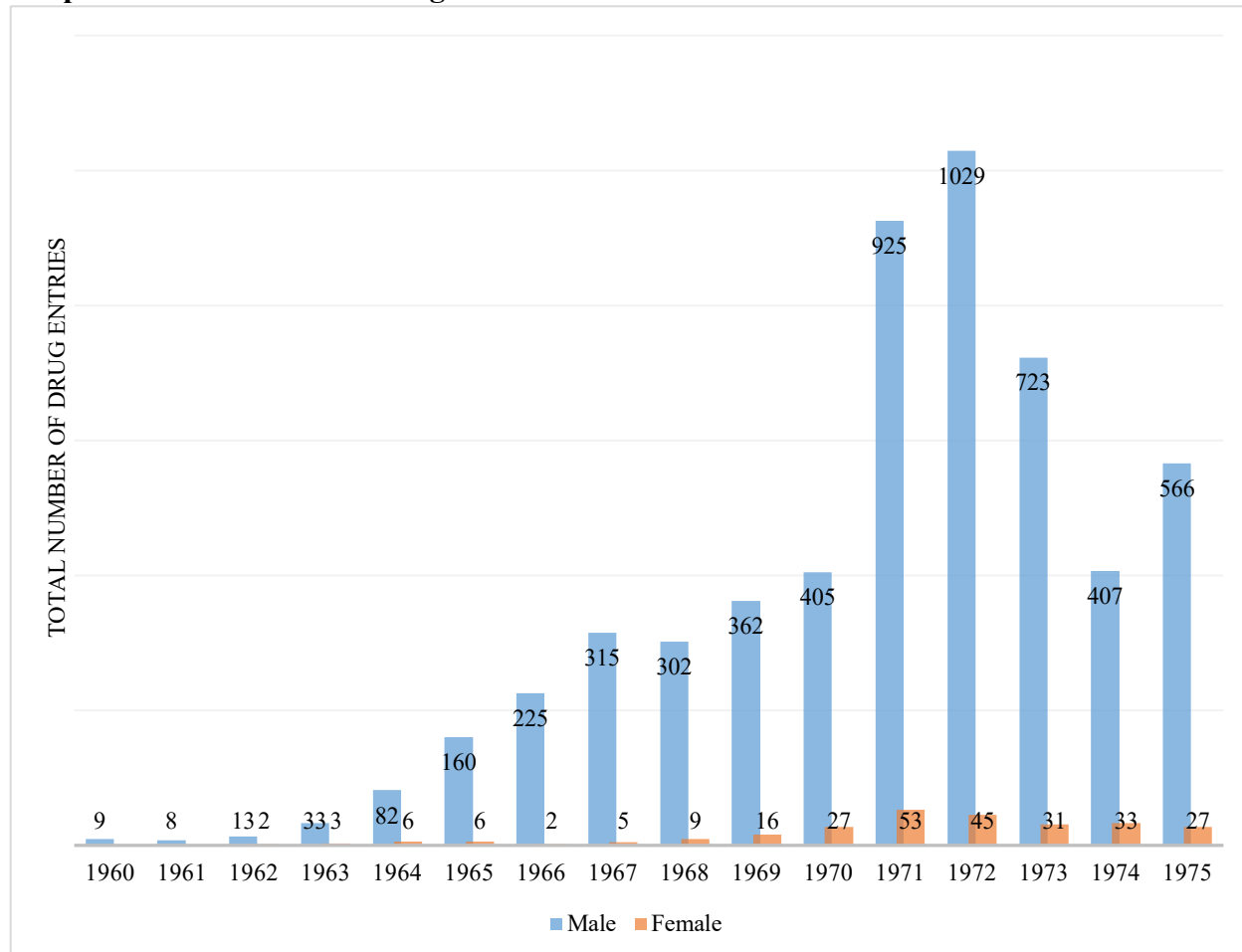
Drug crimes were more frequently committed among males. In fact, the difference in data between males and females was staggering. For example, in 1972, 1,029 men entered the Juvenile Court system for drug crimes, whereas only forty-five girls entered the Juvenile Court for the same offense. For total male entries between 1960 and 1975, drug crimes made up 9 percent of the total offenses, and for females drug crimes made up 3 percent of the total offenses. The line graph (Graph 1) below helps to demonstrate the difference of these consumption rates.²⁹

²⁷ Secretaría de Industria y Comercio, Dirección General de Estadística, *Anuario estadístico de los Estados Unidos Mexicanos, 1975-1976*, México, Talleres Gráficos de la Nación, 1979.

²⁸ Ibid.

²⁹ For males, there were 5,564 intoxication delinquencies between 1960 and 1975. For females there were 265 intoxication delinquencies between 1960 and 1975.

Graph 1. Number of Total Drug Entries into Juvenile Court Male and Female 1960-1975.



Secretaría de Industria y Comercio, Dirección General de Estadística, Anuario estadístico de los Estados Unidos Mexicanos, 1975-1976, México, Talleres Gráficos de la Nación, 1979.

Although males and females abused drugs at different rates, there was an increase in drug use between 1960 and 1975, specifically after 1965.³⁰ There is a slight decrease in the total number of drug entries from 1973 to 1975 which could reflect the inauguration of health clinics and treatment centers geared towards drug abuse. It is likely that drug users were able to attend these centers before being arrested by the police and detained by the Court. The overall increase in drug use reveals that as authorities were increasingly aware that drug use was occurring, the police were

³⁰ From 1960 to 1964 there were only 145 male drug crimes and 11 female drug crimes. For males, the figures shoot up to 160 entries in 1965 alone.

more likely to arrest minors and take them to the Juvenile Court. There were differences in rates of arrest of drug crimes based on gender that reflect actual practices among drug users, a point that will be addressed in more detail further in this chapter. Yet, the number of males entering the Juvenile Court versus females may also reflect an institutional bias. Judicial authorities were likely more concerned in arresting and detaining males than females, and more interested in males committing drug crimes than females. These figures reflect an overall rising interest in drug crimes after 1965 from the police, the Juvenile Court, and parents who took their children to the courts.³¹ Consumption was already rising noticeably from 1960 onwards, yet the figures demonstrate that judicial authorities started arresting minors in larger numbers for drug related offenses by 1965. This suggests that the Juvenile Court, the police, and parents did not care about certain offenses and then they did. The discourse of fear about the societal and bodily effects of drug use in the press informed opinions about which behaviors were acceptable or not. By the mid 1960s, drug use was no longer an acceptable behavior. The figures also reveal an overall increase in the punishment of drug crimes. The figures from the total entries into the Juvenile Court provide a useful overview for specific crimes, and gender based on the years between 1960 and 1975 that show a rise of drug use.

Interestingly, the figures from 1972 to 1975 show a decrease in total entries for drug crimes. This is likely due to the 1972 creation of various health institutions that were designed to treat drug users. The sample Court cases reveal nuances when examining increase rates for drug crimes. The total of this sample was 3078 cases. As a sample, similar figures unfold, in which males made up the majority of entries into the Juvenile Court system at 91 percent of the sample total and females 9 percent of the sample total (see appendix I, tables 3 and 4 for data). The smaller sample

³¹ Chapter Four examines why parents would take their children to the Juvenile Court.

establishes that theft remained the most common delinquency among males, 38 percent of the sample. For females, the most common offense was “irregular conduct,” 26 percent of the sample, and usually involved parents taking their daughters to the Court.³² “Irregular conduct” could mean anything from misbehaving at home and not listening to parents’ instructions, to stealing a valuable item from a neighbor.

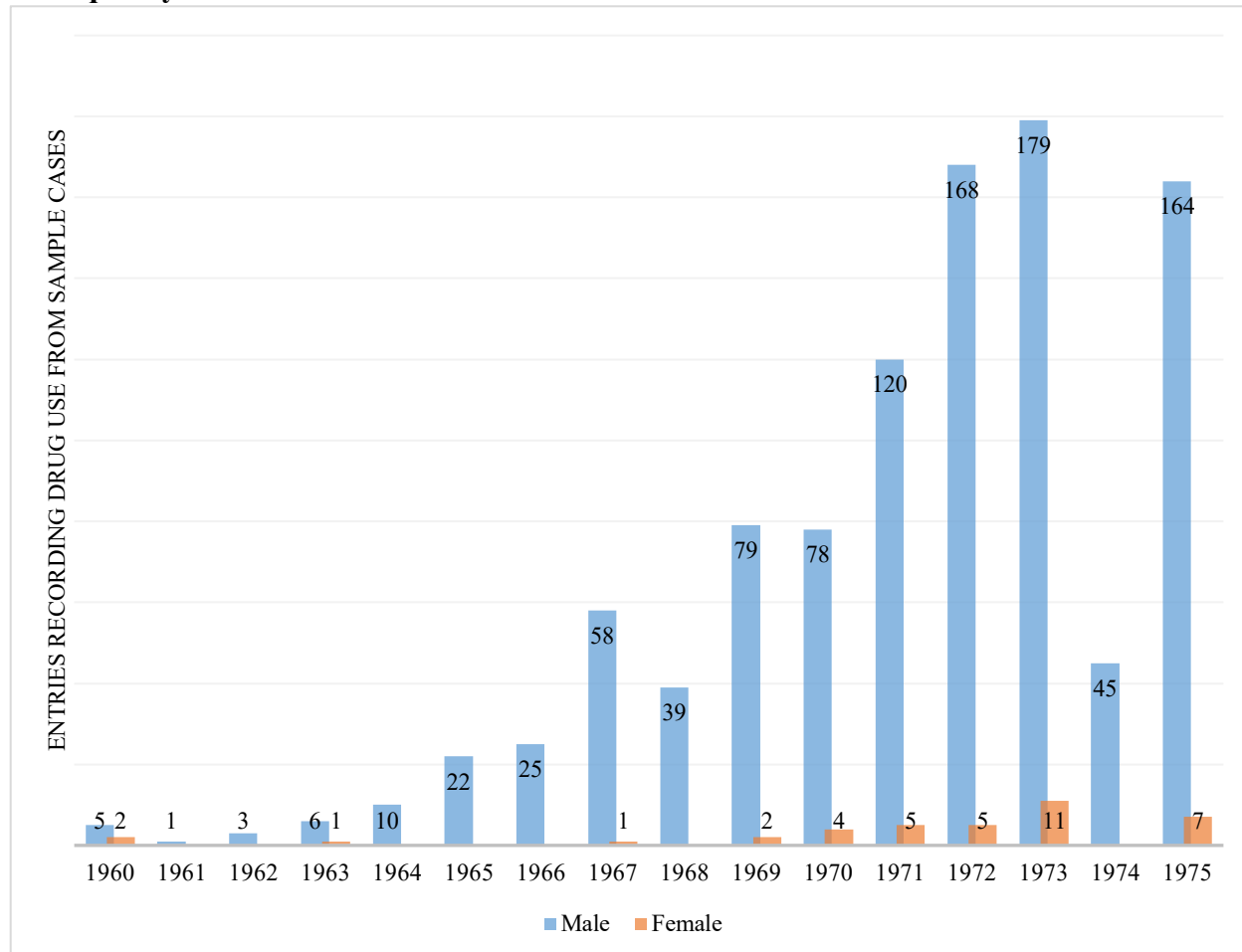
The sample data also reveals that for both males and females, the rate of drug crimes was quite low compared to the total number of males and females. Simply considering delinquencies labeled “intoxication” or “*contra la salud*,” the sample data reveals similar figures to the census data. Between 1960 and 1975, the sample shows 12 percent of males and 1 percent of females were detained for drug related offenses (see appendix I, tables 3 and 4 for data).

The information taken from the sample reveals minors who were arrested for other crimes, like theft, also consumed drugs. As part of the case study on the minor and regardless of their accused crime, caseworkers asked minors whether or not they consumed drugs, alcohol, or tobacco. Minors were also asked how often, when and where they consumed drugs, alcohol or tobacco. Graph 2 displays the entries of drug use among minors entering the Juvenile Court between 1960 and 1975 from the sample cases, regardless of crime accused. The figures are based on the 3078 cases collected and include drug use listed for all delinquencies, including drug crimes (see appendix I, table 5 for data).³³ If a minor was admitted more than once, each one of their entries was filed as a separate case.

³² Notably, the census data does not include a category for “irregular conduct,” perhaps falling under a category such as “other.”

³³ See Table 3 in appendix I for full breakdown of figures.

Graph 2. Number of Entries of Males and Females Who Consumed Drugs Regardless of Delinquency Based on Year.



Figures obtained from sample collected, Consejo Tutelar Para Menores Infractores, Archivo General de la Nación.

For both males and females, graph 2 indicates that drug use increased steadily from 1960 to 1975, reflecting the patterns from the census data in graph 1. The figures show that males used drugs at much higher rate. Although females used drugs at lower rates than males, their rate of consumption also increased over the fifteen-year period, specifically from 1969 to 1973. Out of the 3,078 sample cases, 1,042 minors, or 34 percent were documented drug users.³⁴ Taking into account the recorded drug use of minors regardless of crime accused reveals a more accurate rate

³⁴ From the sample cases between 1960 and 1975, boys totaled 1,004 of intoxication offenses, or 96 percent and girls totaled 38 of intoxication offense, or 4 percent. Consejo Tutelar Para Menores Infractores, Archivo General de la Nación.

of consumption among minors from 1960 to 1975. The data from the sample illustrates that minors accused of other offenses were also drug users.

The studies, court records, and newspapers provide a varying and often contradictory picture of the rate of drug consumption and who was using. While it was often difficult to determine accurate figures for the rate of use occurring in Mexico City, the court records give a more detailed representation. Both the total court records shows and the sample court cases show that drug use from 1960 to 1975 increased approximately about 10 percent among minors. What was of interest for researchers, health specialists, and judicial authorities about drug use was that starting in 1960 drug use occurred among minors, between the ages of eleven and seventeen. In subsequent chapters, it becomes apparent that drug use occurred amongst minors of all different social classes, not just the lower class, as it had in years prior. Other factors, including where consumption was taking place and what types of drugs minors were using, only added to the unease among judicial and health specialists. The next section examines the types of drugs that minors consumed and how these drugs related to their social class.

What types of drugs are minors using?

This section explores what types of drugs minors were using, while providing a general picture of their relationship to social class. Marijuana and industrial chemicals were the primary drugs used. I outline and provide a landscape to understand marijuana and industrial chemicals, their effects, and who was using them in Mexico City in the 1960s and 1970s, paying attention to age and gender.

One of the most commonly used drugs among minors of all social classes in the 1960s and 1970s was marijuana, or cannabis. Marijuana is an herbaceous plant that is grown in mild climates,

including parts of Mexico. Marijuana went by several monikers in the 1960s and 1970s, including *mota*, *grifa* (drunk), *yerba* (herb), *la verde* (the green one), *Juanita*, *pasto* (grass), *diosa verde* (green goddess), *mostaza* (mustard), among many others. A marijuana user also had his/her own nickname including *grifo*, *marihuana*, *moto*, *pasado*, *pacheco*, *en onda*, *drogado*, *mafufo*, and *marimoto*, among others.³⁵ The main psychoactive part of the plant is tetrahydrocannabinol (THC), one of 483 compounds in the plant, including sixty-five other cannabinoids.³⁶ It is often used for its mental and physical effects, general change in perception, and heightened mood. Effects can occur within minutes when smoked; thirty to sixty minutes when cooked and eaten; and the effects last between two and six hours. Its potency varies depending on the way it is harvested and prepared; this depends on the climatic conditions, soil, methods of cultivation and extraction, and on the type of species of cannabis (e.g. indica, etc.)

Hashish is a potent drug, usually smoked, also derived from the cannabis' dried plant buds and flowers are turned into a usable resin.³⁷ Short-term side effects may include a decrease in short-term memory, dry mouth, impaired motor skills, red eyes, and feelings of paranoia and anxiety. Long-term side effects may include addiction, decreased mental ability in those who started as teenagers, and behavioral problems for children whose mothers used hash during pregnancy. The greater the dosage, the more intense the symptoms are experienced, including visual distortions and hallucinations. More recent studies on the addictive qualities of marijuana revealed that among teenager's marijuana is addictive.³⁸ The cannabinoid receptors are

³⁵ For a full glossary of terms for all drugs, see "Glosario Juvenil en relación a la farmacodependencia," marzo 1973, Dirección de Educación Higiénica, Secretaría de Salubridad y Asistencia, Secretaría Particular, Consejo Nacional en Problemas de Farmacodependencia Caja 245 Exp. 1.

³⁶ Atakan Zerrin, "Cannabis, A Complex Plant: Different Compounds and Different Effects of Individuals," *Therapeutic Advances in Psychopharmacology* V. 2 (December 2012): 241 – 254.

³⁷ <https://www.drugabuse.gov/publications/research-reports/marijuana/what-marijuana> Accessed May 23 2019.

³⁸ Government of Canada "Is Cannabis Addictive? Cannabis Evidence Brief," August 2019. <https://cpha.ca/sites/default/files/uploads/resources/cannabis/evidence-brief-addictive-e.pdf> Accessed April 2 2020.

overwhelmed and the lack of frontal lobe development in teenagers means that they cannot physically delay the use, and thus have a psychophysical dependence on it.³⁹

Industrial chemicals include volatile solvents such as glue, gasoline, and paint thinner.⁴⁰ Chlorine, found in cleaning supplies like bleach, is also a solvent. The second type of industrial chemical includes aerosols such as spray paints. The third are anesthetics such as ether (a gas), chloroform (liquid), and nitrous oxide.⁴¹ These were formulated for human use, but by a trained professional in a professional or chemical setting. Nitrous oxide, for instance, is used at the dentist office. The fourth are amyl and butyl nitrite. All of the substances include a series of highly volatile compounds that are extremely soluble in liquids. Chemically, these compounds exist both in the gaseous and liquid state, and quickly evaporate when exposed to air. Industrial chemicals are liquid organic products of commercial importance, with properties that dissolve or disperse substances of natural or synthetic nature, normally insoluble in water. More widely consumed industrial chemicals like solvents were used in commercial, industrial, and home settings. Industrial glue can be used in carpet laying, ceramic tiles, countertop lamination, flooring underlay, heating or ventilation connections, timber jointing, can be used for tubes, shoe-making. For instance, Resistol, an industrial glue, whose key ingredient was toluene, and was often used for shoe-manufacturing.⁴² Resistol was also used by clothing manufacturers, leatherworkers, woodworkers,

³⁹ Luis A. Carbajal, "Información para los señores profesores de los ciclos primario, secundario y superior, elaborada por la comisión para el estudio del problema de la farmacodependencia en México," Dirección de Salud Mental, Secretaría de Salubridad y Asistencia, Secretaría Particular, Programas y Planes de Trabajo Para Combatir el Uso de las Drogas, 1971-1985, Caja 259, Exp. 2. See also Mitchell Earleywine, *Understanding Marijuana: A New Look at the Scientific Evidence* (New York: Oxford University Press, 2002); Leslie Iversen, *The Science of Marijuana* (New York: Oxford University Press, 2008); Diana Keith, "Marijuana, Methamphetamine, and Oxycodone: A Multilevel Approach to Understanding Drug Effects," (PhD Dissertation, Columbia University, 2014).

⁴⁰ Roy Gigengack, "Inhalant Drug Use and Street Youth: Ethnographic Insights from Mexico City," in Victor R. Preedy eds., *Neuropathology of Drug Addictions and Substance Misuse* Vol. 2 (London: Elsevier, 2016): 1075-1084.

⁴¹ "Solvents," <https://www.chemicalsafetyfacts.org/solvents/> Accessed April 4 2019.

⁴² Miriam Ramírez, "Resistol, 75 años de historia en México," *Milenio*, December 25, 2016, <https://www.milenio.com/negocios/resistol-75-anos-de-historia-en-mexico> Accessed October 20, 2019.

carpenters, and repair shops. Paint thinner is a solvent used to thin oil-based paints or clean-up of areas or tools that have oil-based paints after their use. Paint thinner can also be used to removing mechanical grease stains or cleaning mechanical equipment.

All of the products when ingested have a depressive effect on the central nervous system, which in turn depresses the bone marrow.⁴³ The psychological and physiological effects of industrial chemicals, particularly industrial glue, are similar to those of alcohol and sedatives. In small doses, there are exaltations in mood and a moderated euphoria, a feeling of sociability and a lowering of inhibitions.⁴⁴ Higher doses produce laughter, dizziness, a floating sensation, perceptual distortion, confusion, blurred vision, sputtering language, and diminished motor coordination. With increasing doses, there can be respiratory problems, stupor, and sedation. Acute intoxication can lead to deficiency in behavioral control and an inability to judge or fear. States of acute psychosis have been known to occur but there is no evidence of long-term psychotic reactions.⁴⁵

Finally, intoxication can also cause problems and abnormalities in the kidneys and liver.⁴⁶ Unlike marijuana, individuals can die as a direct result of an overdose inhalants because the substances make blood flow to the heart more challenging.⁴⁷ When consumed for personal use inhalants, specifically industrial glue also had their own monikers, including, *flexo*, *cemento*

⁴³ Silvia Cruz and Scott Bowen “Inhalant Abuse,” in Milagros Mendez and Ricardo Mondragón-Ceballos eds. *Neural Mechanisms of Action of Drugs and Natural Reinforcers* (Kerala: Research Signpost, 2008): 61-87; National Institute of Drug Abuse, “Inhalants” <https://www.drugabuse.gov/publications/drugfacts/inhalants> Accessed April 4 2019.

⁴⁴ Roy Gigengack, “The Chemo and the Mona: Inhalants, Devotion, and Street Youth in Mexico City,” *International Journal of Drug Policy* Vol. 25 (2014): 61-70.

⁴⁵ National Institute of Drug Abuse, “Inhalants” <https://www.drugabuse.gov/publications/drugfacts/inhalants> Accessed April 4 2019.

⁴⁶ *Hazards of Nitrite Inhalants* (Rockville: U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute of Drug Abuse, 1988); Silvia Cruz, “The Latest Evidence in the Neuroscience of Solvent Misuse,” Silvia Cruz and Scott Bowen “Inhalant Abuse,” in Milagros Mendez and Ricardo Mondragón-Ceballos eds. *Neural Mechanisms of Action of Drugs and Natural Reinforcers* (Kerala: Research Signpost, 2008): 61-87.

⁴⁷ See for example a 1996 federal lawsuit against H.B Fuller Co. accused of contributing to the death of a Guatemalan teenager who sniffed Fuller products to get high, Beth Silver, “Federal Judge Dismisses Glue Sniffing Lawsuit Against H.B. Fuller,” *AP*, September 24 1996, <https://apnews.com/d00017d54f8e21773f9e4a8235ada7ff> Accessed April 1 2019.

(cement), *pasta* (paste), *cruz azul* (blue cross), *chucho*, *chemo*, among others. An inhalant user went by *cementero*, *tineroso*, *grifo* (drunk), *onda cemento*, *zapatero*, *flexista*, *globero*, *chuchos*, and *vaporoso*, among others.⁴⁸

The effects of alcohol were very similar to industrial chemicals and had been widely consumed for centuries prior to the introduction of industrial materials in Mexico. The National Institute on Alcohol Abuse and Alcoholism reported the following effects of alcohol on the body: reduced inhibitions, slurred speech, motor impairment, confusion, memory problems, concentration problems, coma, breathing problems, and possible violent or risky behavior.⁴⁹ So why did urban minors in the 1960s and 1970s choose industrial chemicals over alcohol? The answer lies in the consumption practices of the substances. This is not to say that minors did not consume alcohol, but rather industrial chemicals were more accessible than alcohol. Minors could walk into a hardware store and purchase Resistol glue much easier than alcohol; alcohol had a minimum age requirement of eighteen years. Industrial chemicals were also a lot cheaper than alcohol: a small tube of glue cost about three Mexican pesos and could last up to a month. Finally, industrial chemicals were less visible than alcohol: it was easier to hide the consumption of glue than it was to hide a bottle.

The types of drug minors chose had to do with many factors that I outline in Chapter Five and Six, however, this boiled down to socioeconomic class. University studies found that students who came from middle or upper socioeconomic classes were more likely to choose marijuana. Researchers at the UNAM noted that before the 1960s, marijuana was the most popular illicit drug and that the “popular classes,” or lower socioeconomic classes, were the primary consumers. After

⁴⁸ See “Glosario Juvenil en relación a la farmacodependencia,” marzo 1973, Dirección de Educación Higiénica, Secretaría de Salubridad y Asistencia, Secretaría Particular, Consejo Nacional en Problemas de Farmacodependencia Caja 245 Exp. 1.

⁴⁹ <https://www.niaaa.nih.gov/overview-alcohol-consumption> accessed February 14, 2020.

the 1960s, marijuana consumption increased among younger people from the middle and upper classes.⁵⁰ In 1970, Juan Lafarga, a clinical psychologist, professor and founder of the Departamento de Desarrollo Humano (Department of Human Development) at the Universidad Iberoamericana, surveyed the use of drugs among 642 students, from middle and upper class families.⁵¹ He found that 28 percent of the students used marijuana, and only 0.7 percent of students used stimulants, hallucinogens, or narcotics. From the 1971 UNAM study conducted at a public university in Mexico City among all youths who attended, 19 percent of students used marijuana.⁵² In the additional UNAM study conducted in 1971 at the Escuela Nacional Preparatoria of the UNAM, 393 students surveyed (out of a total of 41,363 students in the school), 9 percent consumed marijuana.⁵³ Marijuana had passed from being a drug consumed by marginalized communities to a popular drug among young middle and upper-class students.

Government institutions carried out their own studies to determine what young people were using. In 1972, the SSA conducted a study in the northern part of Mexico City, surveying 3,096 minors between eleven and twenty-four years old.⁵⁴ The sample was made up of those who attended primary, secondary, high school, and specialty schools, and those who worked in factories, public offices, homes, and finally, those who attended the health centers in the northern part of the city. The study discovered that the highest number of drug users was found in high school, and the least number of users were at the professional level. Further, the study found that in 62 percent of the cases, marijuana was the most commonly used drug. Dr. Guido Belsasso, a

⁵⁰ “El Problema de Farmacodependencia,” Departamento de Psicología Médica, Psiquiatría y Salud Mental, Escuela de Medicina, UNAM, Page 23. Consejo Nacional de Problemas en Farmacodependencia, 1971- 1972, Fondo: Secretaría Particular, Archivo de Secretaria de Salubridad y Asistencia, Caja 244, Exp. 2.

⁵¹ Juan Lafarga “Encuesta sobre la actitud del estudiante en una universidad privada de México, ante el uso de las drogas,” *Comunidad* VI: 35 (México, 1972)

⁵² Ibid.

⁵³ Ibid.

⁵⁴ Hector Cabildo Arellano, et al “Investigación sobre el uso de sustancias intoxicantes entre menores y jóvenes del Distrito Sanitario XVI,” *Revista de Salud Pública de México* Vol. 1 No. 14 (México 1972): 17-58.

psychologist and founder of the Centro de Estudios Mexicanos en Farmacodependencia (CEMEF) headed by the SSA, indicated that there was an economic factor that was “directly related to an individual’s choice of drug.”⁵⁵ He suggested that “deprived” classes consumed industrial chemicals because obtaining them was effortless and cheap; and middle and upper-class consumers chose marijuana and barbiturates and/or pills. However, he noted that tracing upper class consumption patterns was more difficult because of their “monetary ability.” It is possible that he was referring to their ability to buy and consume drugs from a more private setting. Figures from the CIJ support Dr. Belsasso’s claim. In a study conducted in 1978, the CIJ focused on 1000 drug cases and found that 869 young men consumed different substances. Those with the highest rates were industrial adhesives (38 percent), marijuana (37 percent) and thinner (17 percent); and in total 49 percent of these males consumed an industrial chemical.⁵⁶ Researchers found that 131 women consumed drugs, of which 49 percent consumed marijuana, 41 percent consumed industrial adhesives, and 10 percent consumed thinner; a total of 52 percent women consumed an industrial chemical.⁵⁷ By the 1960s, drug use had permeated all social classes, and was thus a multiclass phenomenon.

Examining the sample cases from the Juvenile Court provides information about specific drug type, as well as age, gender, and socio-economic class related to the drug consumed.⁵⁸ A study conducted in 1976 on the socio-cultural and familial characteristics of adolescent delinquents reveals information about youths who may not have gone to school.⁵⁹ The researchers studied

⁵⁵ Guido Belsasso, “Estudio de la farmacodependencia y criminología. Trabajo leído en el Congreso Brasileiro de Criminología, Londrina, Brasil” octubre 1973, Centro Mexicano de Estudios en Farmacodependencia, 1973-1974, Secretaría de Salubridad y Asistencia, Secretaría Particular, Caja 277, Exp. 3.

⁵⁶ Graciela Terroba Garca *Estudio Epidemiológico Sobre el Consumo de Drogas en el Distrito Federal*. (Tesis Universidad Autónoma de México, 1978, 44.

⁵⁷ Ibid.

⁵⁸ An analysis of how I obtained class differences is discussed in Chapter Five and Six.

⁵⁹ Safa-Barraza, Mier y Teran, and Zermeño “Investigación epidemiológica sobre el uso y abuso de fármacos en los penales del D.F.,” *Reportes Especiales CEMEF*, 1973.

individuals who entered the Juvenile Court and the Escuela Orientación para Varones (Correctional School for Men) between the ages of fourteen and eighteen. The researchers interviewed ninety young men. Sixty of them were addicts, thirty of them were drug users, and the research group held a non-drug using control group of fifty young men. The group of addicts used marijuana and inhalants, and a few of them had tried pills or other narcotics. Those who had experimented with drugs did so a maximum of four times and had gone a minimum of six months without using. The most commonly used drug between both groups was industrial chemicals (95 percent and 58 percent respectively) and marijuana (74 percent and 65 percent respectively). Notably, the majority of addicts and drug users had used inhalants to initiate their drug use (61 percent and 55 percent respectively).

A majority of minors who were arrested and taken to the Juvenile Court were from the lower-classes, and middle class. I established class from the sample of 3,078 cases and cross-referenced family income with census records.⁶⁰ From the sample cases, there were no upper-class minors who entered the Juvenile Court from 1960 to 1975. Graph 3 below was obtained through the sample cases of individuals, both males and females, which were recorded showing the types of drugs consumed measured according to year and entry of each individual (see appendix I, table 6). It also takes into account individuals who used marijuana as well as glue. Out of the 3,078 cases, the total number of drugs consumed was 1,042 of the total sample. The sample cases revealed that the most common drug used by minors were industrial chemicals or glue (49 percent), followed by marijuana (34 percent), pills and/or barbiturates (9 percent), and paint thinner (7

⁶⁰ Details on how this was obtained and more specific figures can be found in chapters 5 and 6 of this dissertation. Consejo Tutelar Para Menores Infractores, Archivo General de la Nación and Secretaría de Industria y Comercio, Dirección General de Estadística, *Anuario estadístico de los Estados Unidos Mexicanos, 1975-1976*, México, Talleres Gráficos de la Nación.

percent).⁶¹ In few cases, LSD or hallucinogenic mushrooms were the drugs of choice, which made up 0.5 percent of the total types of drugs.

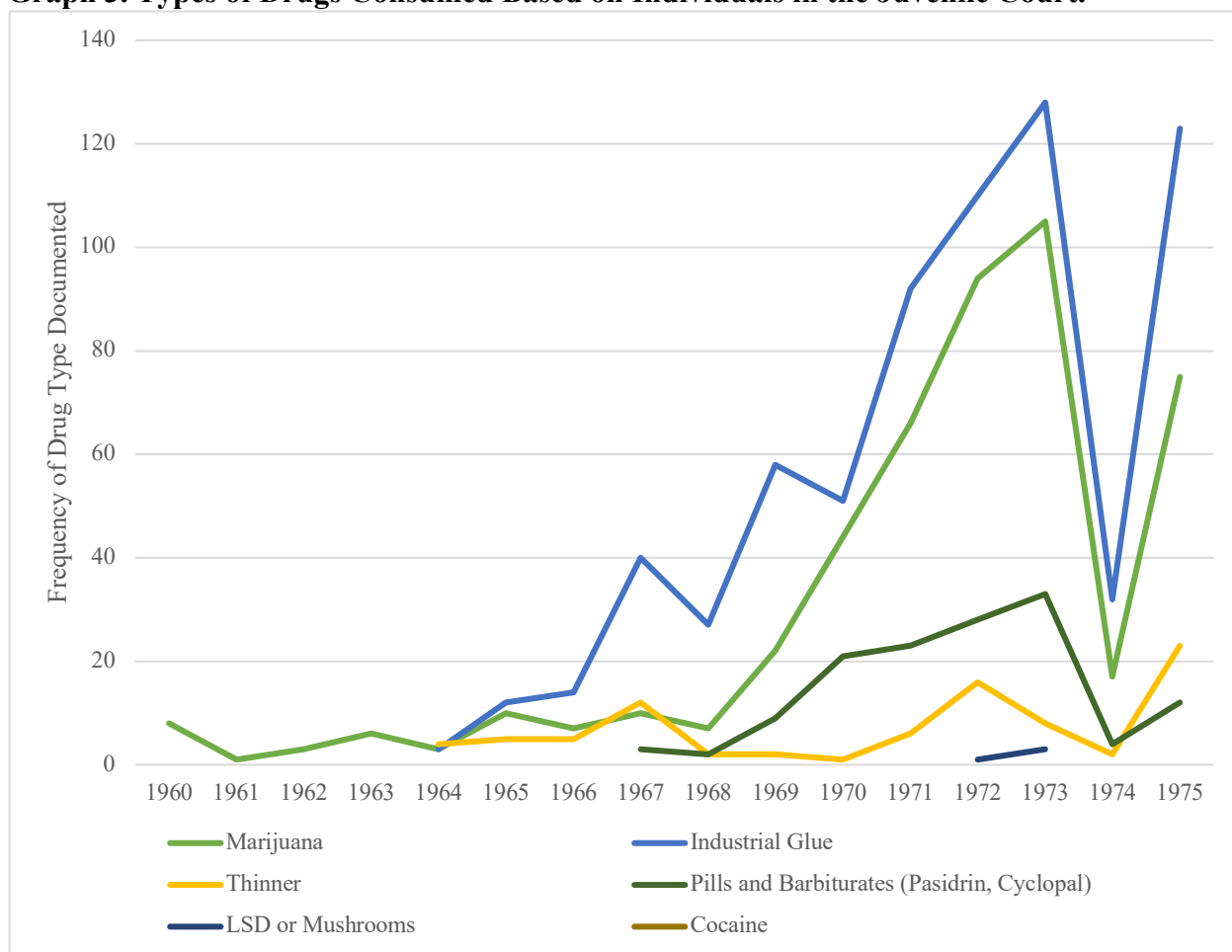
Graph 3 demonstrates that marijuana was the most consistently used drug among minors in the Juvenile Court throughout the 15-year time period. In 1964, industrial glue and paint thinner increased in popularity; in 1965, pills and barbiturates; and only from 1968 to 1975 did LSD register.⁶² I contend that one possible explanation is that there was an increase in the registration of all types of drugs or drug use in general, starting in 1964; by 1973, there were 128 documented minors who used industrial glue and 105 minors who used marijuana. This increase of use over time confirms an upward trend in drug use among minors. It also suggests a deepening interest in arresting minors for drug use, as supported and explained in Chapter Four. Industrial chemicals were widely available throughout Mexico since the 1940s, and there was a shift toward using industrial chemicals for personal use. After 1960, and especially in 1964, the Juvenile Court was more aware and paid more attention to documenting inhalant use.

Marijuana was widely available before the 1960s, and its use was a known concern among officials and experts. Graph 3 establishes that there was a surge in its use, which confirms that marijuana consumption was escalating during this time period (see appendix I, table 6 for data).

⁶¹ While glue and thinner are both toxic inhalants, the Juvenile Court documented the two drugs separately, and as such, I kept them separate as well. If cement and thinner were accounted together, they would make up 55.5 percent of the total.

⁶² There is only one registered case in 1968 and 1972; zero registered cases for LSD in 1969, 1970, 1971, and 1974; 3 cases in 1973; and 2 cases in 1975. Consejo Tutelar Para Menores Infractores, Archivo General de la Nación.

Graph 3. Types of Drugs Consumed Based on Individuals in the Juvenile Court.



Figures obtained from sample collected, Consejo Tutelar Para Menores Infractores, Archivo General de la Nación.⁶³

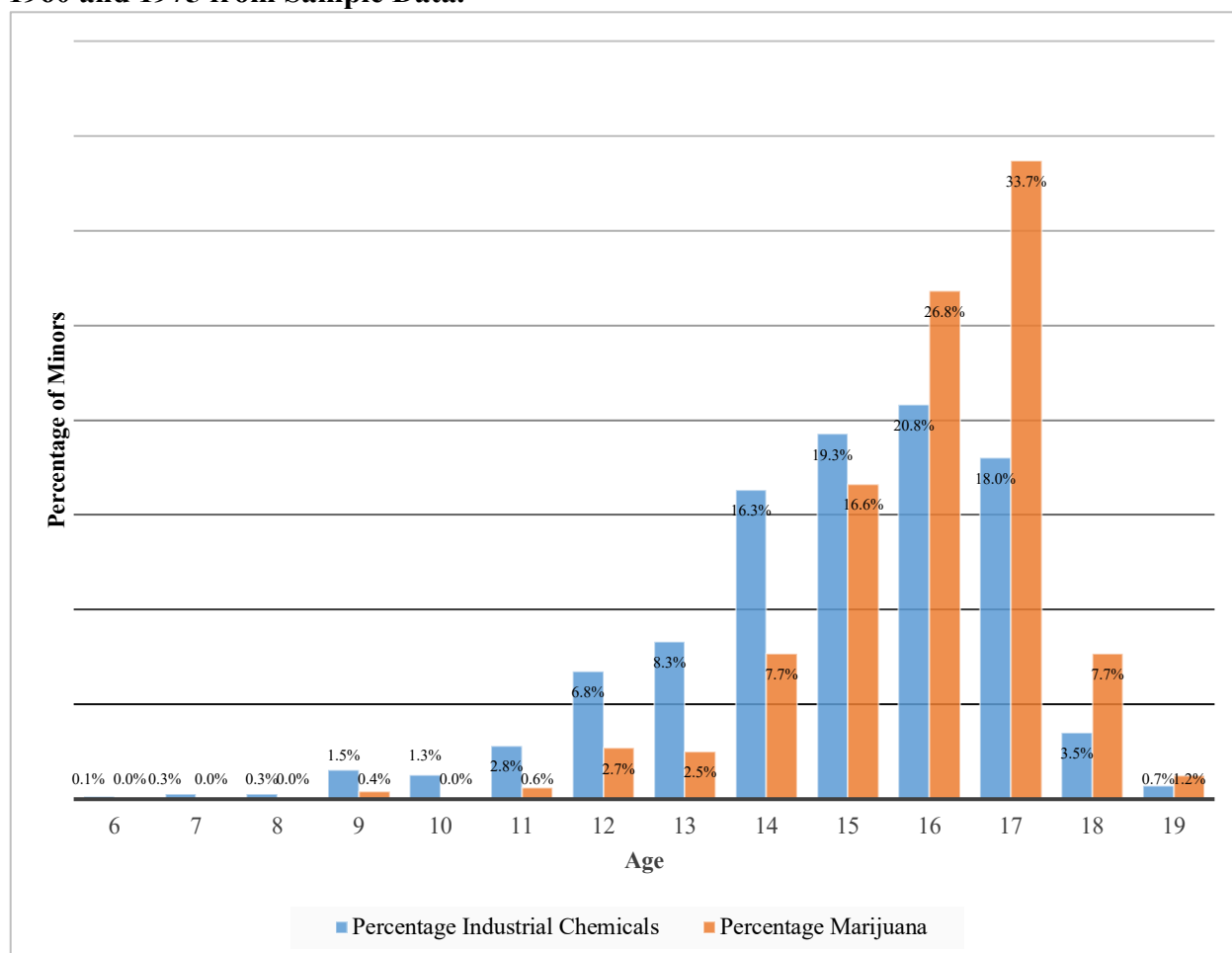
Cross referencing the age of minor drug users from the sample data in the Juvenile Court with the studies mentioned earlier in the chapter provides more details in order to quantify drug use. In general, minors who entered the Juvenile Court system between the ages of six and nineteen used drugs. The average age, regardless of gender and type of drug used, was fifteen years old. Graph 3 demonstrates that males and females primarily used inhalants (including glue and paint thinner) and marijuana. Graph 4 below indicate the specific age groups of males and females who

⁶³ For detailed figures, please see Table 4 in appendix I.

used inhalants and marijuana (see appendix I, table 7 for data). The type of drug used demonstrates important differences in gender and age.

Graph 4 shows that inhalant users, regardless of gender, began using at a much earlier age than marijuana users. According to the sample Juvenile Court case files, inhalant users started using at six or seven years old, and marijuana users at nine years. Graph 4 establishes that the majority of males who entered the Juvenile Court system and used industrial chemicals were sixteen years old. However, it was more common for younger age groups of eleven to fifteen to use inhalants than marijuana.

Graph 4. Ages of Male and Female Industrial Chemical and Marijuana Consumers Between 1960 and 1975 from Sample Data.



Figures obtained from sample collected, Consejo Tutelar Para Menores Infractores, Archivo General de la Nación.⁶⁴

Graph 4 demonstrates that male and female marijuana users that were arrested by the police and then processed in the Juvenile Court were slightly older than industrial chemical users. While there is a documented case about a nine-year-old marijuana user, the most common age of marijuana users arrested by the police and then processed in the Juvenile Court was fourteen.

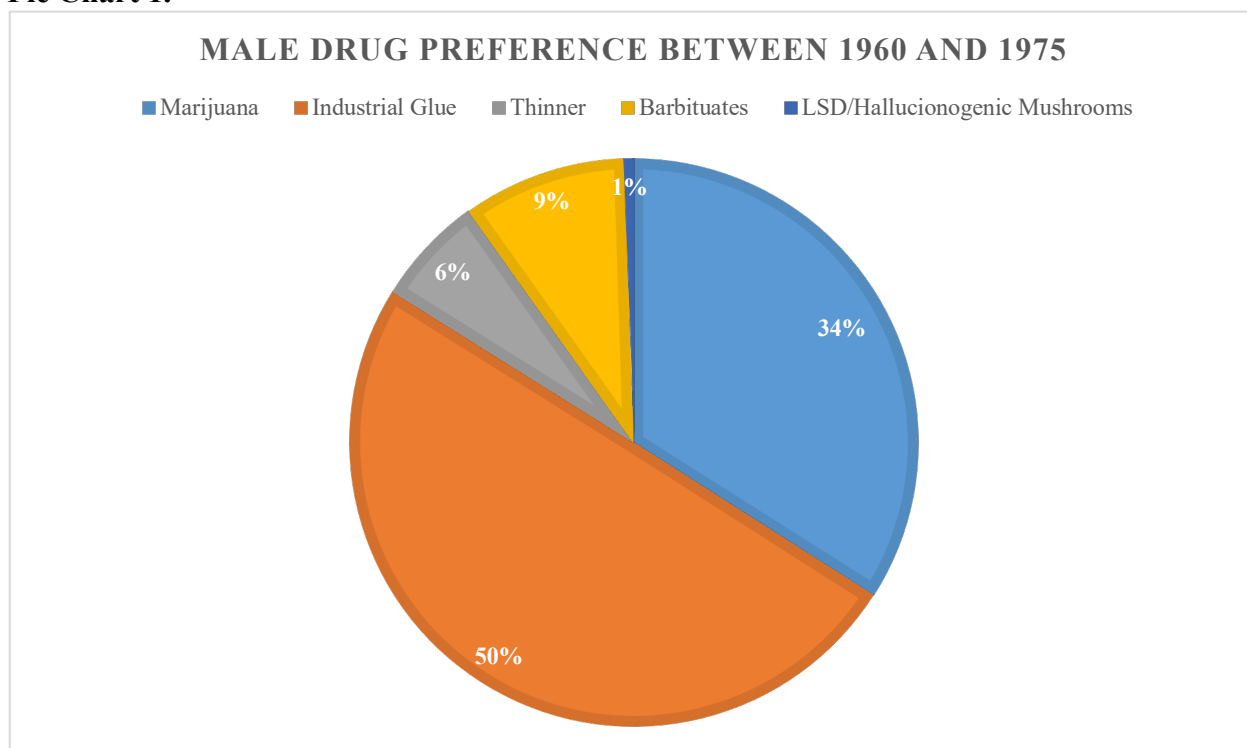
It is possible that the accessibility helped to influence access to certain drugs at different ages. A teenager, for instance, was more likely to spend time at a café where marijuana could be

⁶⁴ Notably, these figures indicate drug use for all types of delinquencies. See appendix I, tables 7 through 10 for full breakdown of figures.

sold. Graph 4 indicates that the average age of marijuana users was seventeen years. Older minors were more likely to consume marijuana than industrial chemicals. Although the sample for females is small, graphs 4 reveals that regardless of drug choice, females entered the Juvenile Court were older than males.

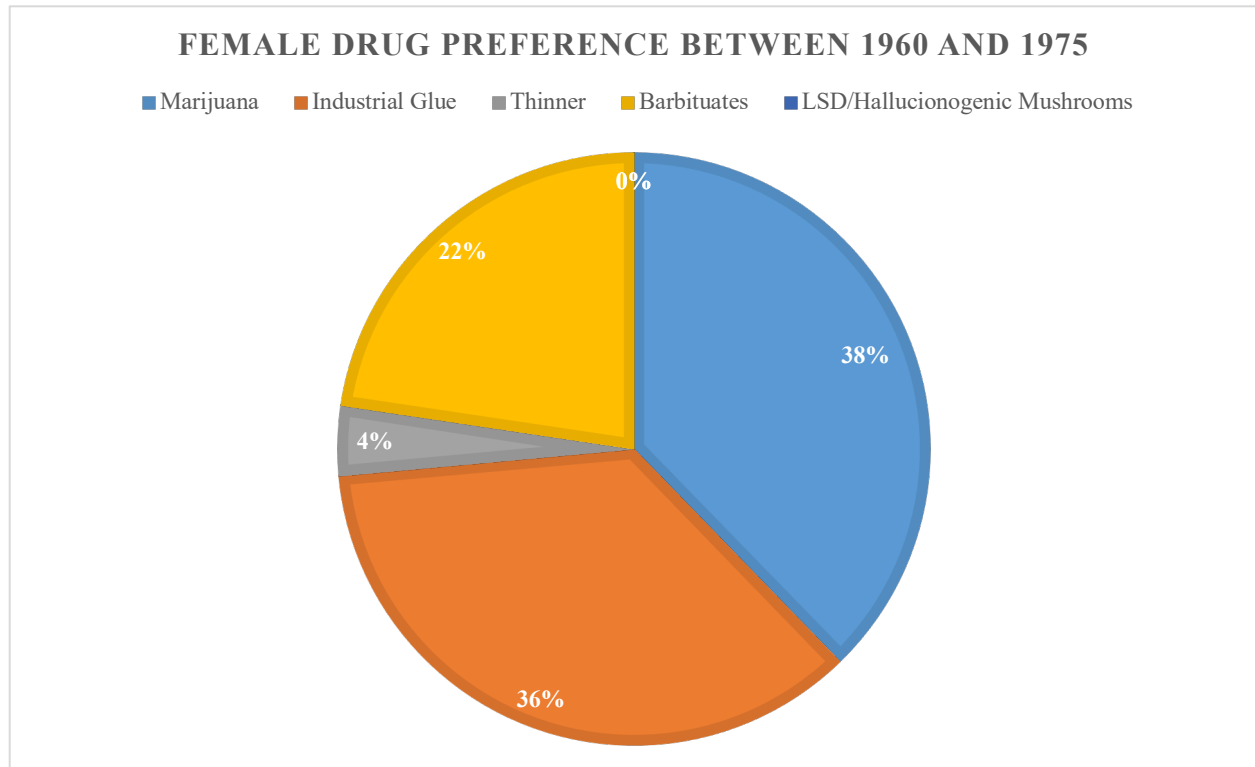
Pie Charts 1 and 2 illustrate drug preference based on gender from the (see appendix I, tables 11 and 12 for data). Pie Chart 1 demonstrates that between 1960 and 1975, males who arrested by the police and then processed in the Juvenile Court preferred glue (50 percent), followed by marijuana (34 percent). The sample cases also indicate that females who entered the Juvenile Court during the same years preferred marijuana (38 percent), followed by glue (36 percent). Moreover, females consumed marijuana more so than males. Out of the total sample drug cases that documented drug use, only 4 percent of consumers were females. Males used at higher rates a few times a week, and females used occasionally.

Pie Chart 1.



Consejo Para Menores Infractores, Archivo General de la Nación.

Pie Chart 2.

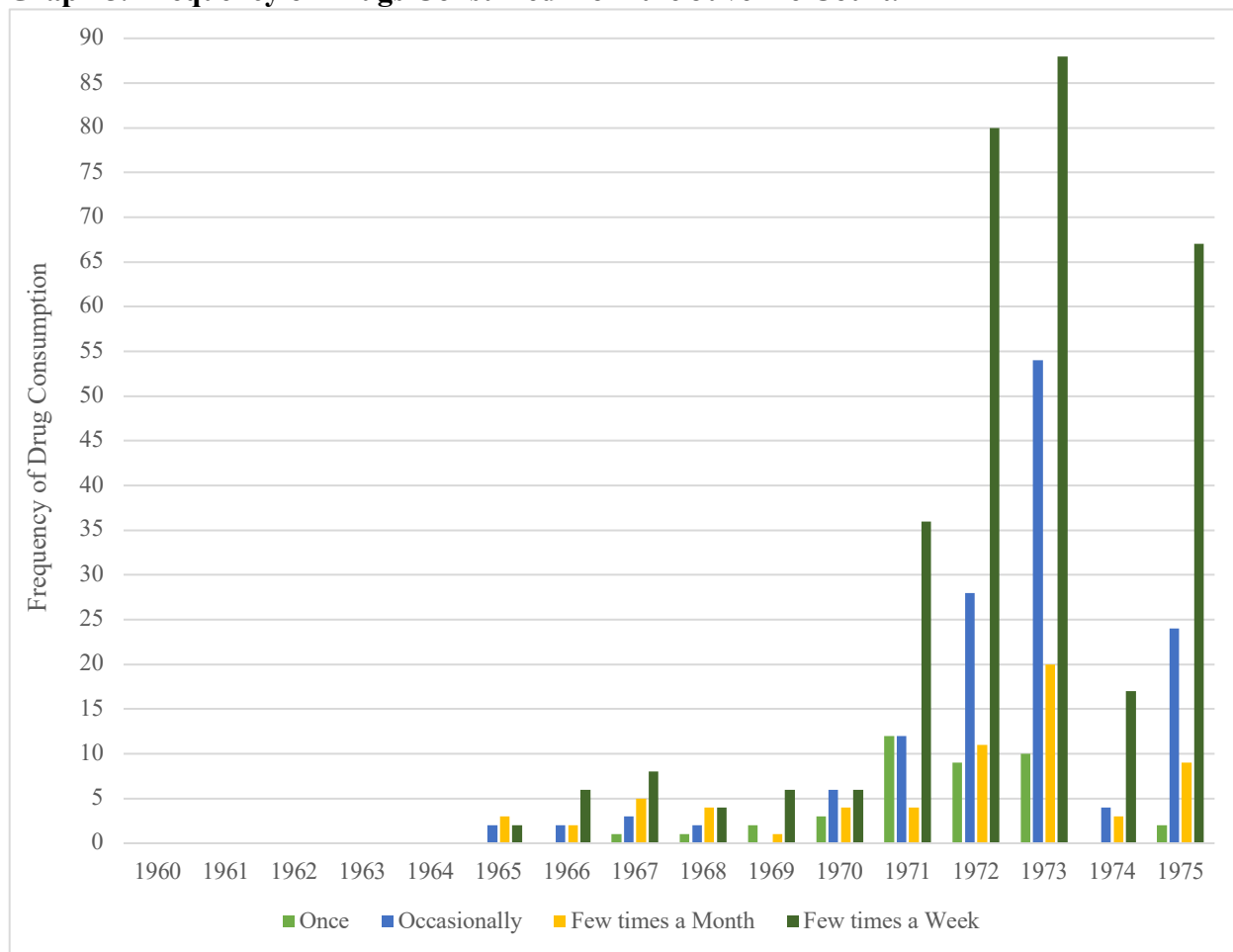


Consejo Para Menores Infractores, Archivo General de la Nación.

In addition to the types of drugs used and drug type based on age, the sample cases also provided information about the frequency of drug use among individual users. Graph 5 shows the frequency of the types of drug used in individual users from the sample cases based on the year of entry (see appendix I, table 13 for data). Graph 5 does not have information for 1960 through 1964, as the cases from these years did not specify the frequency of use, and instead the files just noted the type of drug used. The lack of information for 1960 to 1964 may suggest that the Juvenile Court was not interested in documenting the frequency of drug use during these years. Graph 5 demonstrates that 57 percent of minors who entered the Juvenile Court consumed drugs a few times a week, and 24 percent used drugs occasionally (see appendix I, table 13 for data). There were fewer minors that tried drugs once (7 percent), and only 12 percent used drugs a few times a month. Graph 5 demonstrates that the use and frequency of drugs increased over a fifteen-year

period. Finally, graph 5 reveals a trend in which, from 1965 to 1975, there were more minors using a few times a week than at any other frequency. Once again, this could be because the police were arresting more recurrent drug users than one-time only users. But recurring drug users were more likely to get caught by the police than an individual who had only tried drugs once. In general, graph 5 shows the same trends as total consumption.

Graph 5. Frequency of Drugs Consumed from the Juvenile Court.



Consejo Para Menores Infractores, Archivo General de la Nación.

Conclusion

Minors in Mexico City in the 1960s and 1970s between the ages of eleven and seventeen primarily used marijuana, industrial chemicals, and on rare occasion, pills and barbiturates. An

increase in drug use beginning in 1960 led to a number of researchers at SSA, universities, the CEMEF, and other judicial authorities to carry out studies on the distinctive patterns of drug use. The combination of these studies, cross referenced with total figures and sample cases from the Juvenile Court illustrates that drug use became more prevalent in the 1960s among young Mexicans living in Mexico City. When examining in further detail who was using what type of drugs, several distinctions about drug use come through.

The first is that there was a difference in consumption type and frequency between males and females. Males consumed more drugs overall, regardless of the type of drug. Males consumed more industrial chemicals than girls. Females tended to consume marijuana. Males also consumed more frequently, that is, a few times a week, than females, who only used occasionally, although this may reflect the small sample of females. Males and females also used industrial chemicals. Furthermore, there was a correlation between class and the types of drugs used which is examined in detail in Chapter Five and Six.

While the overall trend of drug use among minors in Mexico City in the 1960s and 1970s was increasing, this chapter has shown that it was not nearly in the mass proportions that the media was declaring. The data from the juvenile court, both total figures and sample court cases, reveals that drug use among minors increased by ten percent. The data from the sample cases of the Juvenile Court show that there were differences in age, gender, and frequency depending on the drug used. The sample Court cases provide more detail for understanding the trends in drug use among minors in Mexico City. To better comprehend the increase of drug use and why minors were consuming and being arrested it is necessary to look at the law, *delitos contra la salud*. The subsequent chapter examines the debates and discussions that gave way to the formulation of laws that dealt with drug related offenses, the legality of drugs, and the treatment of minors.

Chapter Three: From Degeneration to Legislation: Tracing Mexican Laws Regarding Drug Use

Introduction

This chapter traces the history of sanitary and penal laws regarding drug crimes, which visibly omit laws regarding industrial chemicals. To understand this omission, I trace the legislative history of drug use in which penal and health specialists were forced to work together because of the way the law towards drugs works in Mexico. Both penal and sanitary laws describe the trade, importation, exportation, transportation, production, cultivation, processing, purchase, possession, medical prescription, preparation, use, and consumption of drugs as *delitos contra la salud* (crime against health) as a federal crime.¹ Other than Spain and Peru, Mexico is the only country in the world that categorizes drug offenses in this manner. The category of *delitos contra la salud* protects the individual from damage that comes from illegal drugs.² This law was often contradictory in regards to drug use legally and in enforcement because health specialists interpreted drug use as a medical problem while criminal authorities saw drug use as a punishable choice. Health and criminal perspectives evolved over time, were informed by the dominant criminal and/or scientific considerations of the time, and on who the drug user was.

As a result, all addicts and drug users were subject to criminalization because the health and judicial system criminalized substances and behaviors associated with those substances. Addicts, drug users, and those taking drugs responsibly legally fell under the same category and therefore were all subject to criminalization. This was especially true for inhalant users of the 1960s and 1970s. Thus, despite the best efforts on behalf of health specialists to decriminalize

¹ *Código Penal para el Distrito Federal y Territorio de la Baja California sobre delitos del fuero común y para toda la República sobre delitos contra la federación*, México, Edición Oficial, 1871.

² Eduardo López Bentacour, *Delitos en Particular Tomo II Cuarta Edición* (México: Editorial Porrúa, 1998), 3.

addiction and to treat drug users and addicts as victims of mental disease, Mexico ultimately retained its criminalization of drug use and addiction.³

Why were some drugs considered illegal in Mexico while others were not? Beginning in the 1960s Mexican lawmakers utilized the World Health Organization's (WHO) Expert Committee on Drugs definition to classify the substances that would be considered illegal under the purview of the law. The WHO defined drugs as "any substance that, within a living organism, modifies its perception, mood, cognition, behavior, or motor functions."⁴ Both marijuana and industrial chemicals fell under this classification. Mexican law further specified that a drug was a "substance that altered the nervous system and was consumed without medical prescription."⁵ Mexican law also defined as a substance whose use "created psychic or physical dependence, and was socially or legally prohibited or restricted to the field of medicine, and fell under international control."⁶ This last clause was a reason why inhalants were not classified as illegal substances, or drugs, and remain unclassified as such to this day. Inhalants were not restricted socially (although by the early 1970s there would be a social stigma against them), legally, or by international law. In fact, inhalants were not even addressed in international law during the 1960s and 1970s.

³ Medicalization refers to how behaviors surrounding drug use and the behavior of drug consumption itself was defined as a medical condition. For more on medicalization see Caroline Jean Acker, *Creating the American Junkie: Addiction Research in the Classic Era of Narcotic Control* (Baltimore: Johns Hopkins University Press, 2002); Nancy Campbell, "Medicalization and Biomedicalization: Does the Diseasing of Addiction Fit the Frame?" In *Critical Perspectives on Addiction (Advances in Medical Sociology)* Vol. 14 (March 2015): 3-25; Jason Edwin Glenn, "Medicalizing Addictions, Criminalizing Addicts: Race, Politics and Profit in Narratives of Addiction" Harvard University Dissertation, 2000; Suzanne Fraser and David Moore eds. *The Drug: Health, Crime, and Society* (New York: Cambridge University Press, 2011); Samuel Roberts, "'Rehabilitation' as Boundary Object: Medicalization, Local Activism, and Narcotics Addiction Policy in New York City, 1951-62." *Social History of Alcohol & Drugs: An Interdisciplinary Journal* 26, no. 2 (2012).

⁴ Consejo Económico y Social, Comisión de Estupefacientes, "Informe Sobre el Segundo Periodo Extraordinario de Sesiones," 28 septiembre a 3 octubre 1970 Documentos Oficiales; 49o periodo de sesiones, Secretaría de Salubridad y Asistencia, Secretaría Particular, Caja 225, Exp. 2.

⁵ Luis Fernando Lara, eds., *Diccionario del español usual de México* (México: El Colegio de México, 1996), 496 in Ricardo Pérez Montfort, *Tolerancia y Prohibición: Aproximaciones a la historia social y cultural de las drogas en México 1840-1940* (México: Debate, 2016), 28.

⁶ Ibid.

Mexican law failed to categorize inhalants as illegal drugs and thus, did not create legislation regarding industrial chemicals because it was nearly impossible to regulate substances so routinely used in Mexican construction. I argue that socioeconomic class and age of drug users were key factors influencing the lack of prohibition. Industrial chemical users during the 1960s and 1970s were usually minors from a lower socioeconomic class and marijuana users were from a middle or higher socioeconomic class.

The chapter begins in the 1920s and follows the chronological, medical, and criminological debates that occurred before the establishment of the laws.⁷ From the 1920s to the 1960s, there was a significant shift in medical and criminal discussions that helped to shape drug-related laws. The 1920s witnessed the formation of Mexican law that focused on inherent, genetic qualities of the individual. At this time, drug use was considered a hereditary condition that degenerated the individual and, by extension, the nation. Drug users and addicts were sent directly to the insane asylum or prison without the possibility of interpreting addiction as an illness until 1929. Between the 1940s and 1960s, the debates focused on degeneration began to evolve. The arguments for emphasizing the collective health of the nation changed to a more individualistic approach, that centered on examining the social setting and background that led an individual to use drugs, including industrial chemicals. The individualistic approach meant that by the 1960s, the consumer was more essential to the formulation of legislation and the application of laws. This chapter examines the laws in the *Código Sanitario* (Sanitary Codes) and the *Código Penal* (Penal Codes) that resulted from these later deliberations and concerns regarding drug activities. At the end of the chapter, I show how by the 1970s, inhalants were a crucial part of medical and judicial

⁷ Unless otherwise noted, all laws and codes discussed in this chapter are federal.

discussions, yet failed to make it into any form of legislation. As a result, the sale and consumption of inhalants were left unregulated.

1920 – 1930: Degeneration and Drug Use

In the early twentieth century, Mexican doctors, psychiatrists, public health experts, lawyers, penal experts, jurists, and government officials generally agreed on how to frame and integrate drug-related matters into legislation. “Degeneration” was defined as the strength of the Mexican nation in the collective and individual wealth of its citizens. Therefore, illnesses, like alcoholism and drug addiction, would deteriorate the “Mexican race” because citizens would be unable to work or “fight successfully for their lives” due to their physical and moral inability.⁸ “Degeneration” helped turn drugs into a problem of national importance in Mexico. “Degeneration” allowed Mexican health specialists to secure provisions within the 1917 Constitution, leading to a newly constituted Departamento de Salubridad Pública (Department of Public Health, referred to henceforth as the DSP). As such, the Constitution gave unprecedented power to the DSP to legislate nationwide on all matters relating to “alcohol and other substances that poison the individual and degenerate the race.”⁹ From its inception, the DSP led a nation-wide campaign against drug abuse and use.¹⁰ Consequently, recommendations from the DSP using executive power on issues of hygiene immediately become law.¹¹ Mexico saw that “degeneration”

⁸ *Diario de los debates del Congreso Constituyente*, edición de la Comisión Nacional para la Celebración del Sesquicentenario de la Proclamación de la Independencia Nacional y del Cincuentenario de la Revolución Mexicana, II (México: 1960), 616 in Isaac Campos, “Degeneration and the Origin of Mexico’s War on Drugs,” *Mexican Studies/Estudios Mexicanos*, Vol. 26, No. 2 (Summer 2010), 386.

⁹ Artículo 73, XVI, Constitución Política de los Estados Unidos Mexicanos. *Diario Oficial* 5 de febrero 1917. <https://www.juridicas.unam.mx/legislacion/ordenamiento/constitucion-politica-de-los-estados-unidos-mexicanos> (Accessed 11 May 2018).

¹⁰ *Ibid.*

¹¹ The federal government in Mexico has a legislature that passes law, an executive branch that signs them into power, and a judicial branch that enforces them.

in regards to hygiene was both an unavoidable individual illness but also an avoidable public problem.

French and Italian versions of degeneration theory had a powerful influence on Mexican thinkers, scientists, anthropologists, and government officials in the late nineteenth and early twentieth centuries.¹² Their concepts unified social and biological maladies, and allowed individual degeneracy to pass as collective ones.¹³ As the concept of degeneration developed in Mexico, it took on a slightly different form from its European counterparts. For instance, Mexican social philosophers often observed Mexico's native past as part of the cause of degeneration, while simultaneously believing that Mexicans had originated from a great indigenous past.¹⁴ These ideas allowed thinkers and scientists to argue that the Mexican racial stock was good but had degenerated, due to either political or economic failures of previous regimes or to the acquired habits and customs of natives. Mexican social scientists also understood degeneration as a concept that involved bad government, bad racial stock, and "deteriorated customs."¹⁵ Drugs and alcohol were a critical component of degeneration, as substance abuse led to unavoidable side effects such as madness, criminality, death, and patterns of hereditary inheritance. Under "degeneration," addiction and drug use were an illness that could pass on to the collective, and thus became an

¹² Two of the most notable theorists were Benedict Augustin Morel and Cesare Lombroso. On these, see "Dain Borges "'Puffy, Ugly, Slothful and Inert': Degeneration in Brazilian Social Thought, 1880-1940," *Journal of Latin American Studies* Vol. 25. No. 2 (1993): 235-256; and Pablo Piccato, *City of Suspects: Crime in México City 1900-1931* (Durham: Duke University Press, 2001).

¹³ Robert Nye, *Crime, Madness and Politics in Modern France: The Medical Concept of National Decline* (Princeton: Princeton University Press, 1984), 144. See also, Piccato, *City of Suspects*, 68-69.

¹⁴ Mauricio Tenorio *México at the World's Fair: Crafting a Modern Nation* (Berkeley: University of California Press, 1996), 70. For the link between degeneration and drugs see Campos, "Degeneration and the Origin of Mexico's War on Drugs," 379-408, and Alexander Dawson, *The Peyote Effect: from the Inquisition to the War on Drugs* (Oakland: University of California Press, 2018).

¹⁵ "Boletín," *El Diario del Hogar*, June 2, 1908 called the Mexican race inherently lazy, and "La vida entre la raza indígena," *El Imparcial* October 20, 1899 argued that Indian degeneration could be blamed on Indian leadership prior to Conquest.

issue that threatened the security of the Mexican nation.¹⁶ It also justified a new, more aggressive approach to the problem at the national level.

By 1920, still focused on degeneration, the DSP exerted its Constitutional power and proclaimed its “Dispositions on the Cultivation and Commerce of Products that Degenerate the Race” in 1920.¹⁷ The new legislation banned the cultivation of and commerce in marijuana for the first time in Mexican history. It chose marijuana, cocaine, and opiates as the most “dangerous drugs” threatening the health of the nation. Moreover, it positioned illicit drugs within a framework that invoked the necessary protection of Mexican citizens against the threat of drug use and addiction.¹⁸ The legislation introduced other measures as well, including a requirement for drug wholesalers to obtain special permission from the DSP to import opiates or cocaine, as well as controlled bookkeeping measures to document the commerce in these products. In turn, wholesalers could only sell to doctors and licensed medical distributors who had received permission to receive them. Notably, this also meant that the DSP was responsible for classifying which drugs were illegal. In an effort to control and enforce the rules set out in the new legislation, the DSP created the *Policía de Salubridad*, or health police, in 1925.¹⁹ The health police were established to help defend public health and the supposed degeneration of the race caused by illegal substances through investigations, surveillance, inspections, apprehensions, seizures and other means of drug control. The health police were only allowed to work on DSP cases and regular police were not. By the 1930s, the health police came to focus on narcotics almost exclusively and were known as the “narcotics police.”

¹⁶ For a more detailed analysis of the association of drugs to degeneration see Campos, “Degeneration and the Origin of Mexico’s War on Drugs,” 379-408.

¹⁷ Departamento de Salubridad Pública, “Disposiciones sobre el cultivo y comercio de productos que degeneran la raza,” *Diario Oficial* 15 de marzo 1920.

¹⁸ For more information on this see Campos, “Degeneration and the Origin of Mexico’s War on Drugs,” 379-408.

¹⁹ “Policía de Salubridad,” *Memoria de los trabajos realizados por el Departamento de Salubridad Pública, 1925-1928*, tomo II, México, Ediciones del DSP, 1929, 447.

Degeneration relating to drug use remained prevalent in the 1920s and 1930s. The DSP began producing medical studies around racial degeneration, as well as and putting into practice measures to avoid racial degeneration. Doctors, psychiatrists, and public health officials developed their understanding of drug abuse and addiction using degeneration concepts. In 1925, Mexican doctor, Manuel Renero, defined *toxicomanía* (drug addiction) as “a passion of an individual to use certain toxic substances, such as stimulants, and the pathological state the results from the abusive use of these.”²⁰ He believed that individuals abused drugs because of medical negligence; and social causes, particularly in wanting to imitate the trends of the modern world. Other doctors found that individual factors, especially those related to an individual’s profession or living situation could result in drug use. Another Mexican doctor, Dr. Rogaciano Tapia, referred to soldiers who, according to him, were more likely to use drugs because of “moral and physical fatigue.”²¹ He also discussed that some women, especially prostitutes, were “more predisposed to abuse of all kinds.”²² Health specialists also examined biological factors that could lead to drug use, such as “hereditary predisposition,”²³ and at the time believed that neuropathic diseases like hysteria and psychic depression were also causes.²⁴ Few Mexican doctors believed that illegal substances could offer medical and therapeutic uses.²⁵ Health and judicial authorities acted within

²⁰ Manuel Renero, *Ligeros apuntes sobre la toxicomanía de las drogas heroicas en la capital de la República*, tesis para el examen general de medicina, cirugía y obstetricia, México, Facultad de Medicina, Universidad Nacional de México, 1925, 9-12.

²¹ Rogaciano Tapia, *Algunas consideraciones sobre los progresos de la morfinomanía*, tesis para el examen general de medicina, cirugía y obstetricia, México, Facultad de Medicina, Universidad Nacional de México, 1920, 17-18.

²² Ibid.

²³ Carlos Alatorre, *Contribución al estudio del heroínismo*, tesis para el examen general de medicina, cirugía y obstetricia, México, Facultad de Medicina, Universidad Nacional de México, 1924, p. 27.

²⁴ Renero, *Ligeros apuntes sobre la toxicomanía de las drogas heroicas en la capital de la República*, 13.

²⁵ Some Mexican doctors did not agree with the prohibition of certain drugs, like marijuana. Dr. Antonio Bezanilla Testa argued that the cannabis plant had true medical utility, and saw no reason to prohibit its medical use. Antonio Bezanilla Testa, “Intereses profesionales sobre el empleo médico de la marihuana,” *La Farmacia*, México, Órgano de la Sociedad Farmacéutica Mexicana, 1 enero 1926, 6-8.

the framework of degeneration and prohibition, in the name of achieving a more sober, hygienic, and civilized nation.

1930 – 1950: Solidifying the Criminalization of Drug Use

The idea that drugs resulted in degeneration of the race and would turn men into violent and irrational misfits justified the presence of *delitos contra la salud* in the sanitary and penal codes for the Mexican legislature in the 1920s. *Delitos contra la salud* recognized the need and existence of specialized institutions to treat drug addiction, yet it also postulated that the trafficking, production, and above all, the consumption of drugs was a severe crime and should be punished accordingly. Health specialists saw the user and the addict as two separate entities; the addict abused the substance and the user consumed the substance for pleasure. Addicts were ill, unable to give up the use of drugs, but determining if a user was an addict or merely a recreational consumer was often ambiguous, as it meant the line between jail and treatment. Psychiatrist Dr. Gregorio Oneto Barenque, who's work focused on producing medical knowledge around drug use, argued that "using drugs kills, maddens, and is worse than homicide."²⁶ He also believed that marijuana led to violence, insanity, and irrationality. He was in line with health specialists who proposed more drastic measures, such as sterilization or eugenics-type treatments.²⁷ Up until 1930, the most severe form of punishment for a drug user was detention for fifteen days. Many conservative doctors, members of the narcotics police, and judges in Mexico City agreed that

²⁶ Gregorio Oneto Barenque "La marihuana ante la psiquiatría y el Código Penal," *La Farmacia*, 15 May 1932, 294. He also wrote several texts on the effects of marijuana and penal responsibility of the mentally ill.

²⁷ Jorge Salazar Hurtado, *El problema de la toxicomanía en México desde el punto de vista legal* (México: Imprenta Garate, 1937); Antonio Monzón, "Plan para combatir la toxicomanía en México," *Excélsior* 1 May 1937.

harsher punishments were necessary.²⁸ Therefore, experts focused on criminalizing everything that had to do with the non-medical use of drugs.

In 1929, a new penal code further criminalized drug users and drug-related activities. It was the first to specify sanctions against illegal drug offenders. Prior to 1929, the only sanctions against drug users were for individuals who possessed “prohibited substances,” and involved fifteen days of incarceration.²⁹ The 1929 penal code included one to five years imprisonment, fines from \$1,000 to 5,000 pesos, and aimed to punish those who had the *vicio* (vice) of drug use.³⁰ The DSP continued to be responsible for addressing and classifying drug-related activities as crimes against health, as well as continuing to designate which substances were illegal. Any seizures of illegal substances were carried out by the DSP. Notably, the DSP was the first in either the sanitary or penal codes to directly address drug use and the consumer. But the codes failed to clarify who was an addict. Consequently, all police detained all drug users encountered and sent them to a health facility, *La Castañeda* Asylum,³¹ where they the users were not allowed to leave until believed to be cured.³² Revision to the codes took place less than a year later due to the lack of clarity regarding how to deal with drug use and addicts.

²⁸ Secretaría de Salubridad y Asistencia, Fondo Salubridad Pública, Sección Servicios Jurídicos, Caja 12, Exp. 14.

²⁹ José Domingo Schievenini, “La prohibición de las drogas en México (1912-1929),” *Revista Latinoamericana de Seguiridad Ciudadana* 13 (2013), 64.

³⁰ Secretaría de Gobernación, Código Penal para el Distrito y Territorios Federales, *Diario Oficial de la Federación*, 5 de octubre 1929. Due to the new regulations on how to treat drug users, judicial cases exploded between 1926 and 1935. See Pérez Montfort, *Tolerancia y prohibición*, chapter VI.

³¹ Cristina Sacristán, “La contribución de la Castañeda a la profesionalización de la psiquiatría mexicana 1910-1968,” *Salud Mental*, vol.33, México, 2010; Andrés Ríos Molina, *La locura durante la Revolución mexicana: los primeros años del Manicomio General de la Castañeda 1910-1920*, (México: El Colegio de México, 2009); Cristina Rivera Garza *La Castañeda: narrativas dolientes desde el Manicomio General México 1910-1930* (México: Tusquets Editores, 2010).

³² Drug users and addicts typically had contact with the regular police before health specialists for several reasons: few drug users voluntarily went to hospitals for treatment because there were not many treatment centers to begin with, there was a stigma against drug users and addicts, and the police had more contact with drug users and addicts because it was their job to roam the streets and look for criminal or in this case perceived criminal, activities.

In 1931, the 1929 Código Penal was entirely replaced, and new legislation was introduced to help clarify what to do with drug users and addicts. The new laws established that the police should first handle drug users instead of health specialists.³³ The 1931 code recognized that drug addicts and users were a special type of delinquent, one that used illegal drugs because they were sick and therefore could be subject to treatment. The new articles stipulated that an addicts' acquisition or possession of illegal drugs would not be prosecuted, if the amount in possession was strictly at or under the quantity necessary for their personal use.³⁴

However, this article was ambiguous. First, the amount deemed necessary for personal use was never outlined in either penal or sanitary codes, and therefore, could be different based on the individual and circumstance. Second, there were no guidelines to adequately determine whether the person who possessed illegal drugs was an addict. In theory, health authorities were the ones who determined whether the individual was an addict. But before individuals were presented to health authorities, they were first processed through the Ministerio Público (Public Prosecutor's Office).³⁵ Here, judicial authorities would decide if the possession of the drug was under the amount necessary for personal consumption.³⁶ If it was, then it meant that the individual might be an addict; the Policía de Salubridad (health police) were called in and took over the case. The health police would open a case file, take statements, and request a medical practitioner to examine

³³ A few of the new provisions included an increase in sanctions for anyone who traded, possessed, produced, bought, sold, or cultivated drugs: between six months to seven years imprisonment, with fines ranging from \$50 to 5000 pesos. For individuals involved in the importation or exportation of illegal substances, they were subject to up to 10 years imprisonment and up to 10,000 peso fine. "Reglamento Federal de Toxicomanías del Departamento de Salubridad Pública (1931)," *Diario Oficial de la Federación* 27 octubre 1931.

³⁴ Poder Ejecutivo "Decreto que reforma los Artículos 15,85, 193, 194, 195, 196, 197, 198, 199, 201, 306, 309 y 387 en el Código Penal para el Distrito y Territorios Federales en materia de Fuero Común y para toda la República en materia de Fuero Federal," *Diario Oficial de la Federación*, 8 March 1968.
http://www.diputados.gob.mx/LeyesBiblio/ref/cpf/CPF_ref26_08mar68_ima.pdf accessed 30 May 2018.

³⁵ *Diario Oficial de la Federación*, "Código Penal de Procedimientos Penales," 30 agosto 1934, 1112.

³⁶ Secretaría de Gobernación, Código Penal para el Distrito y Territorios Federales, *Diario Oficial de la Federación*, 30 de agosto 1934, 1122.

the individual.³⁷ The head of legal services within the DSP then determined the course of action for the individual. If the amount in possession was more than what was necessary for personal use, then the individual had a criminal prosecution. Finally, regardless of the amount in possession or whether the individual was an addict, if the individual also traded, elaborated, or executed any act prohibited under the sanitary code concerning illegal drugs, the individual was prosecuted as a criminal. But this was also ambiguous as it was not clear how to establish if the individual had participated in another crime, such as drug trafficking.³⁸ The 1931 code caused further complications between judicial and health authorities over how to classify the drug user as sick or as a criminal, particularly because judicial authorities dealt with drug users and addicts before health specialists, and frequently determined that users were criminals.

To define more accurately how to treat, or punish, a drug addict, the DSP and the Secretaría de Gobernación (Secretary of the Interior) created the Reglamento Federal de Toxicomanías (Federal Regulation of Drug Addiction) in 1931. This regulation was the first in Mexican history to recognize the need to address drug users and addicts in legislation. This new regulation defined drug addicts as “every individual that without therapeutic end habitually consumed any drug written in Articles 198 and 199.”³⁹ The regulation also founded a Federal Drug Addiction Hospital, becoming the Hospital Federal de Toxicómanos in 1935, as an extension of the *La Castañeda* Asylum. The regulation remained ambiguous in certain areas. The hospital was established in order to provide treatment to “*viciosos*” (depraved persons) in prisons, and in public and private

³⁷ For an in-depth examination of the narcotics police see Nidia Andrea Olvera Hernández, *Policías, toxicómanos y traficantes: el control de las drogas en la ciudad de México (1920-1940)* tesis de maestría en Antropología Social, Centro de investigaciones y Estudios Superiores en Antropología Social, México, 2016.

³⁸ Cases where addicts were also involved in trade, importation, exportation, transportation, production, cultivation, harvesting, processing, acquisition, possession, medical prescription, preparation were prosecuted criminally, and as such, these cases will be examined in further detail in the chapter on criminalization.

³⁹ Departamento de Salubridad Pública, “Reglamento Federal de Toxicomanías,” *Diario Oficial de la Federación*, 27 de octubre 1931. For more information behind these debates see Montfort, *Tolerancia y Prohibición*.

hospitals. Many police officers were unsure of how to proceed with drug addicts/users and traffickers. The Procurador General de la República (Attorney General) published a set of guidelines on this matter in the newspaper *El Nacional*.⁴⁰ The order stated that when the Ministerio Público (Public Prosecutor's Office) became aware of either trafficking or drug use, they immediately contacted health authorities, specifically the health police. The health police then decided whether sanitary action was needed, depending on the drug-related activity. But the health police were not allowed to process individuals, only detain them. Their function was more auxiliary than it was to investigate and prosecute drug users. The Attorney General's Office guaranteed federal police the prosecution of federal crimes, including *delitos contra la salud* (crimes against health). Therefore, the health police did not have the authority to determine what happened to detained individuals who were involved in crimes against health.⁴¹

Legislation continued to change as drug use became further criminalized. President Lázaro Cárdenas (1934-1940) signed a decree that nullified the provisions that had given the DSP the power "to exercise police functions aimed at discovering the infractions committed in the drug trade."⁴² The new legislation gave the power of policing drug-related matters, including drug use, to the Procuraduría General de la República (Office of the Attorney General) and the Ministerio Público Federal (Federal Public Ministry). It removed the authority of the health police from becoming involved drug-related crimes. Instead, only the Policía Judicial (Judicial Police) and the Ministerio Público (Public Prosecutor's Office) were involved in drug-related offenses. According to Cárdenas, the intention was to reduce the number of agencies involved in drug-related matters, and centralize the way institutions dealt with drug-related matters. The DSP, for instance, could

⁴⁰ "Como debe procederse con el uso de drogas enervantes," *El Nacional*, 11 November 1932.

⁴¹ By 1943 the health police would be replaced by the Policía Federal de Narcóticos (PFN). Poder Ejecutivo, "Decreto que crea la Secretaría de Salubridad y Asistencia," *Diario Oficial de la Federación*, 18 octubre 1943.

⁴² Lázaro Cárdenas del Río, caja 422/3, ramo Presidentes, Archivo General de la Nación.

focus on expanding their education campaigns in regards to illegal drug use, investigations and reports on illegal drug trafficking, inspecting wholesale drug dispensaries and pharmacies, and intensifying their services in the Hospital Federal de Toxicómanos.⁴³ All matters involving *delitos contra la salud* were a federal matter, and therefore only the judicial police and the Ministerio Público (Public Prosecutor's Office) could handle a drug user or addict directly.⁴⁴ Moreover, there would be no distinction between a drug trafficker, a drug user who had drugs in his possession, and an addict who had drugs in his possession until 1968. This meant that the Ministerio Público remained responsible for handling drug users and addicts before health authorities, and determining whether or not they merited punishment or treatment.

Doctors, like the Director of the DSP Leopoldo Salazar Viniegra, used the 1935 decree as an opportunity to push back against criminalization and depenalize drug use. By framing drug users as sick patients in need of treatment, doctors like Dr. Salazar Viniegra argued for the presence of the DSP in the handling of drug users picked up by the police. Dr. Salazar Viniegra believed that drug traffickers were the true criminals because they made a living off the addictions and daily habits of the users. He argued that drug users and addicts were considered diseased and needed to be treated as such. For Dr. Salazar Viniegra the non-addicted user should also be considered diseased. Dr. Salazar Viniegra positioned himself against more conservative doctors like Dr. Oneto Barenque.⁴⁵ Dr. Oneto Barenque based his arguments off of studies in which Dr. Viniegra documented drug use in Mexico City among prostitutes, the poor, and other marginalized populations.⁴⁶ From these studies, he concluded that it was a myth that marijuana led to violence,

⁴³ *Memoria de las labores realizadas durante el período comprendido entre el 1^a de septiembre de 1934 y el 15 de julio de 1935*, México, DSP, 1936, p. 111.

⁴⁴ All other police groups could only detain suspects.

⁴⁵ Salazar Viniegra also challenged early Mexican criminologists such as Julio Guerrero and Carlos Roumagnac.

⁴⁶ Leopoldo Salazar Viniegra, "El mito de la marihuana," *Criminalia Revista de sociología criminal* (Diciembre 1938). For more on Salazar Viniegra see Isaac Campos "A Diplomatic Failure: the Mexican Role in the Demise of the 1940

madness, and insanity. With optimism, Dr. Viniegra insisted that drug addiction was a sickness and a cure was possible.⁴⁷

Other doctors, like Dr. Harry Petters, agreed. For Dr. Petters, the existence of multiple methods and the effective administration of treatments in the late 1930s were the perfect way to cure drug addicts. Dr. Petters went so far as to claim that the continuation of proper treatment methods would eventually lead to the total reduction of the disease of addiction.⁴⁸ Doctors like these followed a more progressive stance, expressing empathy for the addict and placing blame on the drug trafficker as a criminal. These arguments made the presence of the DSP (as opposed to the Ministerio Público) essential to handling drug users and addicts.

In 1938, Dr. Salazar Viniegra became the Chief of Alcohol and Narcotics Service of the DSP. Shortly after taking office, he sought to reform the Reglamento Federal de Toxicomanía (Federal Regulation of Drug Addiction). He optimistically announced in the press that, “the old problem of the clandestine traffic in narcotics drugs would soon be resolved.”⁴⁹ Dr. Viniegra suggested that the state sell and administer illegal drugs to addicts in small and moderated quantities for treatment. By selling directly to the consumers, the state would eliminate the illicit drug market and keep drug users who would go on to become addicts away from drug traffickers. Additionally, the state would benefit by reducing the collateral costs of drug prohibition, such as police corruption. This would essentially erase crimes committed by addicts. State-run drug treatment would also run illicit drug traffickers out of business, and allow addicts to develop a

Reglamento Federal de Toxicomanías,” *Third World Quarterly*, Vol. 39 No. 2, (2018): 232-247, Olvera Hernández, *Policías, toxicómanos y traficantes*, chapter IV, and Pérez Montfort, *Tolerancia y prohibición*, chapter VI.

⁴⁷ Leopoldo Salazar Viniegra, “El sentido de la evolución humana,” *Gaceta Médica de México*, No. 67, (1937).

⁴⁸ Henry Petters, “¿Es posible una curación y eliminación completa de la toxicomanía?” *El Universal*, 16 September 1937, 10.

⁴⁹ “El Problema comercial de las drogas,” *El Nacional*, 6 July 1938, 4.

healthy relationship with physicians.⁵⁰ The plan made its way into the new Reglamento Federal de Toxicomanía (Federal Regulation of Drug Addiction), signed by President Cárdenas on February 17, 1940.⁵¹ The first narcotics dispensary opened in Mexico City one month later.

The plan produced minimal controversy in Mexico, which was unusual considering its history of demonizing drugs for inciting crime and causing “race degeneration.” However, the United States saw this new regulation as an affront to international campaigns to combat drug use and issued stern warnings to Mexico regarding its new drug policy.⁵² Indeed, the head of the Federal Bureau of Narcotics of the United States, Harry Anslinger, ensured the repeal of the new policy.⁵³ Within a week of the plan’s implementation, the United States cut off all narcotic exports to Mexico. The United States sought to challenge Mexico’s new drug regulation, but in the process damaged medical practice in Mexico since Mexican doctors no longer had access to narcotics they needed for treatments. Mexican authorities rescinded the policy regarding drug maintenance programs two months later in exchange for an end to the narcotics embargo.⁵⁴ Ultimately, the policy was a failure at the domestic and foreign level. The withdrawal of the regulation demonstrated the extent to which the United States and Mexico depended on each other, and how a domestic policy could influence foreign decisions. The United States embargo had hit its

⁵⁰ Advisory Committee on Traffic in Opium and Other Dangerous Drugs, “Mexican Draft Regulations for the Treatment of Addicts,” *Opium and Other Dangerous Drugs* 11, no. 4: 3–4.

⁵¹ *Diario Oficial de la Federación*, 17 de febrero de 1940.

⁵² For a more detailed account of the U.S. reaction to this new policy see, Campos “A Diplomatic Failure.”

⁵³ Harry Anslinger was the head of the FBN from 1930 to 1962 and held office for two years as the U.S. Representative to the United Nations Narcotics Commission. He was largely responsible for the notion that marihuana caused violence, crime, and psychosis, and as such, enacted the 1937 Marihuana Tax Act. For a discussion of Anslinger and how his views influenced public policy in Mexico see Isaac Campos *Home Grown: Marijuana and the Origins of Mexico’s War on Drugs* (Chapel Hill: University of North Carolina Press, 2012).

⁵⁴ One of the reasons why it mattered so much to México was because its primary producer and importer of drugs, Germany, was in the midst of war. For a more detailed discussion see Luis Astorga, *Drogas sin fronteras* (México: Grijalbo, 2003); Mariana Flores Guevara, “La alternativa mexicana al marco internacional de prohibición de drogas durante el cardenismo,” Tesis de bachillerato, El Colegio de México, 2013; Froylán Enciso, “Los fracasos del chantaje. Régimen de prohibición de drogas y narcotráfico, *Seguridad nacional y seguridad interior*, Arturo Alvarado y Mónica Serrano eds (México: El Colegio de México, 2010); William Walker III, *Drug Control in the Americas*, (Albuquerque: University of New Mexico Press, 1989).

southern neighbor⁵⁵ very hard. Clearly, Mexico's policies of treating addicts with state-run drug treatment ran counter to its northern neighbor. By the early 1940s, the ideas inspired by Dr. Salazar Viniegra for pursuing a state-run medical treatment for addicts that would end illegal drug trafficking, one that worked with the health specialist and health police, had been shut away.

The remaining years of the 1940s witnessed prohibitionist ideas about drugs becoming further rooted in Mexican politics. To begin with, the DSP was restructured in 1943 and became the Secretaría de Salubridad y Asistencia (Secretary of Health and Welfare, SSA).⁵⁶ However, under its new organization, the responsibility for dealing with drug-related crimes was left entirely to the Procuraduría General de la República (Attorney General's Office). The SSA stepped in if called upon, and only to determine if the individual in question was an addict, but the initial decision to involve the SSA was up to judicial authorities. There was no longer a legal obligation for judicial authorities to involve health specialists. The SSA worked with the Secretaría de la Defensa Nacional (Secretary of Defense), and federal and local police. Although the SSA was not able to participate in the investigation and prosecution of drug-related crimes, it still had an essential role in penal matters: identifying which drugs should be illegal, confiscating illegal drugs, and destroying confiscated illegal drugs.

During this time, addiction was seen more as a criminal activity rather than an illness, and was treated accordingly. The reforms to the penal codes in 1947 further demonstrate the more law-and-order approach to drug-related matters.⁵⁷ Along with increased prison sentences and fines, the 1947 reforms to *delitos contra la salud* waived constitutional guarantees in cases of suspected

⁵⁵ Campos "A diplomatic failure," 232-247.

⁵⁶ Poder Ejecutivo, "Decreto que crea la Secretaría de Salubridad y Asistencia."

⁵⁷ Articles 193, 194, and 197 of the *Código Penal* were modified. See Secretaría de Gobernación, "Decreto que reforma y adiciona los artículos 193, 194 y 197 del Código Penal para el Distrito y Territorios Federales en materia del Fuero Común y para toda la República en materia de Fuero Federal," *Diario Oficial de la Federación*, 14 de noviembre 1947.

narcotics trafficking (like the right to a fair trial), and permitted the immediate detention without trial of peddlers and smugglers. Criminal policies against drug use and drug trafficking became an integral part of security and criminal policies to preserve and defend Mexico's public health.

1950-1960: New Ideas, New Users, New Policy

The 1950s and 1960s brought about new forms of drug use, new drug users, and therefore, new debates regarding approaches to drug policy. For the first half of the twentieth century, debates regarding drug use focused on how substances could negatively affect the national collective. New conceptions about drug use emerged alongside new forms of use, and the discussion on drug use and its properties shifted. Mexican doctors like Salvador Roquet, a psychiatrist, pioneer in psychedelic therapy, and an often-controversial figure in Mexican medical groups, sought to push back against prohibitionist measures by demonstrating the therapeutic value of certain substances. Dr. Roquet believed that certain illicit substances could be used to help cure psychological issues, like depression. Dr. Roquet was part of a new wave of medical experts who understood motivations for drug use, abuse, and addiction as an individual issue rooted in societal structure. The 1960s also ushered in new lines of thinking that understood drug use not as a hereditary aspect that could degenerate the race, but as a consequence of the social environment. Mexican health specialists understood drug dependency as a psychological issue and classified drug addiction as an illness.⁵⁸ Moreover, as new forms and types of drug use emerged, so too, did new users, such as middle-

⁵⁸ In 1950 Dr. Samuel Ramírez Moreno stipulated that in the first half of the twentieth century the classification of illnesses, which included drug addiction and alcoholism, were influenced by German and French schools of thought. By 1950 Mexican classifications of illness were more heavily influenced by North American lines of thought. See Samuel Ramírez Moreno, *La asistencia psiquiátrica en México*, Paris, Congreso Internacional de Psiquiatría, 1950, p. 56.

class minors. New drugs, new users, and new ideas about drug use meant that there were also new legislative measures taken to control drug use. How did this occur?

By the late 1950s, peyote, hallucinogenic mushrooms, and psychedelics (e.g. LSD, ketamine, etc.) were the focus of psychiatric and medical experiments around the world. Mexican medical circles were curious by these substances and conducted their own experiments to study the potential therapeutic use of these drugs.⁵⁹ Although not frequently used by Mexican minors during the 1960s and 1970s, the discussions around these drugs exemplify the debates regarding drug use in general. Illicit drugs and drug use became more normalized in conversation and debate. Health specialists, criminologists, and legislators became increasingly interested in the ways in which illicit drugs affected individuals. More importantly, these experts were interested in how they could control drug use.

Dr. Roquet was one of the doctors who attempted to introduce alternative therapies that involved hallucinogenic drugs. His therapies were based on the idea that an individual's social background and environment influenced their drug use.⁶⁰ Dr. Roquet believed that Mexicans in particular suffered from a sickness that was ingrained within their social environment. He believed that conventional therapies could not heal issues like depression, anxiety, fear of death, or other forms of trauma.⁶¹ Dr. Roquet believed that hallucinogens could act as an antidote for mental illness, addiction, and other issues because of their ability to "produce a state of greater clarity,

⁵⁹ A few of these include Awyn W. Knauer and William Maloney, "A Preliminary Note on the Psychic Action of Mescaline, with Special Reference to the Mechanisms of Visual Hallucination," *Journal of Nervous and Mental Disease* 40 (1913):425-36; Alexander Rouhier, *Le Peyotl: Suivi des plants divinatoires* (Paris: Gaton Daoin, 1927); Kurt Beringer, *Der Maskalinrausch* (Berlin: Julius Springer, 1927); Samuel Fernberger, "Further Observations in Peyote Intoxication," *Journal of Abnormal and Social Psychology* 26 (1932): 367-78; and Maximo Martínez, *Las plantas medicinales de Mexico* (Mexico: Edición Botas, 1944).

⁶⁰ For a book detailing Roquet's work during the 1950s to the 1980s see Alexander Dawson, *The Peyote Effect: from the Inquisition to the War on Drugs* (Oakland: University of California Press, 2018).

⁶¹ Alberto Villoldo, "An Introduction to the Psychedelic Psychotherapy of Salvador Roquet," *Journal of Humanistic Psychology*, vol. 17 no. 4 (1977):45-58.

vision, and energy in the person who ingests them.”⁶² By the early 1960s, he had turned to indigenous hallucinogens, like peyote, and worked closely with María Sabina, a local shaman in the Sierra Mazateca.⁶³ As Dr. Roquet developed closer ties to Sabina, he also developed ideas for a professional practice that could adapt some of the techniques he learned into an urban setting.

Dr. Roquet gathered what he had learned about the use of psychedelics in the Sierra Mazateca, using hallucinogens for therapy, and implemented a version of it in the clinic. He opened the Robert S. Hartman Institute of Psychosynthesis in Mexico City in October 1967, and treated 746 patients over eight years. He worked specifically on the following conditions: neurosis, drug addiction, “problems of sexual nature” (classified as homosexuality), alcoholism, and psychosis.⁶⁴ During his sessions with patients, Dr. Roquet prescribed psychedelics, each drug chosen carefully for its specific effect and administered at set points in what was typically a four-session cycle.⁶⁵ While radical, and perhaps even dangerous, Dr. Roquet’s treatments worked on a significant number of his patients. Fifty-seven percent of his patients improved, and he stated that he had cured 28 percent of his patients, meaning they no longer experienced neurosis or drug addiction.⁶⁶

Dr. Roquet’s treatments were notable not only because he was using psychedelics to treat patients but because of *who* he was treating. According to his records, the majority of the patients

⁶² Villoldo, “An Introduction to the Psychedelic Psychotherapy of Salvador Roquet,” 45; and Salvador Roquet and Jaime Ganc, “Factores estudiados y evolución de la técnica psicoterapéutica con el uso de los psicodislépticos,” in Salvador Roquet, *Operación Mazateca: estudio de hongos y otras plantas alucinógenas mexicanas; tratamiento psicoterapéutico de psicointesis* (México: Asociación Albert Schweitzer, 1971), 34-35.

⁶³ María Sabina became famous after a 1957 *Life* article, “Seeking the Magic Mushroom.” After this, her work attracted a lot of attention as the most iconic psychedelic indigenous shaman in Mexico in the 1960s. She attracted a lot of hippies who traveled to have psychedelic experiences with her.

⁶⁴ Roquet, *Operación Mazateca*, 57-85.

⁶⁵ These drugs included LSD, Ketalar, rivea corymbosa, psilocybin, Datura, ipomoea violácea, peyote, and mescaline. Administering these drugs was not illegal because they were not yet considered illicit drugs. For more information on these studies, see Dawson, *The Peyote Effect*, chapter seven.

⁶⁶ These statistics were drawn randomly from his study of 388 files. See Salvador Roquet, Pierre Favreau, M. Rubén Ocaña, and Marcela Ruiz de Velasco, “The Existential through Psychodislépticos: A New Psychotherapy,” paper presented at Humanistic Psychology of the Americas Sixth International Conference, Association for Humanistic Psychology, Cuernavaca Mexico, December 1975. Found in Dawson, *The Peyote Effect*.

Dr. Roquet treated at his clinic were overwhelmingly middle class, with 40 percent lower middle, 45 percent higher middle and 11 percent upper class. Only 4 percent came from some lower-class backgrounds.⁶⁷ Dr. Roquet's clinic was a private treatment clinic and therefore it made sense that the middle classes would choose a private clinic for treatment. What was notable about it was that middle and upper classes were willing to go to these facilities, and that there were more youths from these backgrounds that were using drugs. His treatments specifically spoke to ex-hippies, "all of whom have become followers of Dr. Roquet and practitioners of his theories on sensitivity and love."⁶⁸

A patient of his, Rosa María, had been a juvenile delinquent, a hippie, a pot smoker, was depressed, and sexually promiscuous. She turned to cocaine, amphetamines, and psychedelics to deal with her problems. After two years, Rosa María said Dr. Roquet's treatment saved her and helped her quit cocaine completely. She argued that Dr. Roquet was instrumental in alleviating her addiction and her depression.⁶⁹ Young Mexicans who willingly entered Dr. Roquet's clinic, particularly ex-hippies, adopted a narrative about the counterculture that was similar to the antidrug establishment.⁷⁰ Ex-hippies argued that hippies were immature, came from disintegrated families, and were searching for something that did not exist, like an experience with God for example. More importantly, these ex-hippies considered that their use of drugs had led to depression, addiction, panic, and suicide.⁷¹ These ex-hippies believed that only under Dr. Roquet's

⁶⁷ Dawson, *The Peyote Effect*, 83.

⁶⁸ Alfonso Perabeles, "Salvador Roquet: ¿Médico tira? ¿Loco? ¿Genio? ¿Revolucionario?" *Piedra Rodante*, 15 November 1971, 20.

⁶⁹ Dawson, *The Peyote Effect*, 89.

⁷⁰ See Sylvia Sayago "Las médicas abordan el problema de la drogadicción," *El Nacional*, 8 September 1970, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo, and "Responsabilidades de la familia," *Novedades*, 7 September 1970, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo; Ramón de la Fuente and Carlos Campillo Serrano, "Desordenes psiquiátricos asociados con el consumo de drogas," Consejo Nacional de Problemas en Farmacodependencia, 1971, Secretaría de Salubridad y Asistencia, Secretaría Particular, Caja 244, Exp. 2.

⁷¹ Perabeles, "Salvador Roquet," 25.

supervision they could find their way out of these problems. Dr. Roquet's patients reflected and reinforced the growing moral panic surrounding middle-class values and drug use discussed in Chapter One. His patients also reinforced what more conservative Mexican health specialists believed about drugs: that it could lead to more mental health issues.

From the time Dr. Roquet began his studies on the therapeutic use of illegal drugs in the late 1950s to the time of his arrest in the 1970s, Mexico had undergone a tumultuous change in both attitude and law concerning drug use.⁷² The increasing incidence of drug use among minors in Mexico during the 1960s and 1970s primarily involved marijuana and industrial chemicals. Drug use prompted furious responses from social conservatives and members of the health care community. The fear of drug use lent a particular urgency to new institutions advocated by health specialists to study and treat drug addiction. Health specialists wanted drug treatment centers designed to "safeguard the moral and material interests of society, as well as the preservation of their species."⁷³ New addiction specialists, like criminologist and psychiatrist Dr. Alfonso Quiroz Cuarón, frequently reminded Mexican parents that the drugs their children were taking could "modify the structure or function of a living organism,"⁷⁴ or cause "changes in the genetic structures."⁷⁵ These addiction specialists believed drugs also warped the values of their victims.

⁷² By 1974 the Mexican state targeted his clinic, shut it down, and he along with his staff were arrested. Government experts discovered his use of peyote, mushrooms, and ololiuqui, which they took as evidence that Dr. Roquet was administering and possibly trafficking dangerous drugs.

⁷³ "Aumenta el 4% anual el uso de drogas en nuestro país," *El Universal*, 4 October, 1970, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo.

⁷⁴ Samuel Bernardo Lemus, "Perniciosos perjuicios de las drogas", 13 September, 1971, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo.

⁷⁵ Beatriz Reyes Nevares, "Las drogas, un nuevo azote para la inteligencia y el vigor juvenil" *Novedades*, 18 March, 1969, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo. See also "Estalla la Familia y los hijos recurren a la droga," *Excelsior*, 18 September, 1969, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo; Juventino Chávez, "El 14 por Ciento de la actual juventud Capitalina Consume Drogas y Enervantes," *Novedades*, 2 August 1970, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo; Samuel Máñez Puente, "Sucedáneos del afecto," *Excelsior* 26 April 1969, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo.

Images of unruly women in jeans spoke to the threat of “moral contamination” and “corruption” that drugs posed for Mexican minors.⁷⁶ Drug use epitomized the problem of the out-of-control child and provided additional pretexts for health and judicial authorities to deal with the increase of drug use.

Dr. Roquet’s findings illuminated the importance of the environment, social structure, and a deviation of values and morality as part of understanding causes that led to drug use. Concepts surrounding degeneration still persisted, and top health specialists typically described the drug-addled youth as degenerating and corrupting society. Teacher and chemist Antonio Lara Barragán wrote that “drugs imprison the individuals who have experimented with them through a process of regression to the most basic and primitive stage of man.”⁷⁷ But by the 1960s and 1970s, there was an added layer to these discussions. Mexico’s leading criminologist Dr. Alfonso Quiroz Cuarón, described drug use as a result of fractured families and that drug use was a form of rebellion, an example of minors’ “self-injury and lateral aggression” against family members who disregarded them.⁷⁸ Dra. Blanca Rita Molina argued that adolescents were sick individuals, “victims of disorganized homes, of vagrancy, and intellectual capacity.”⁷⁹ Doctor and sub-director of the Mental Health department in the SSA Dr. Héctor Cabildo, saw drug use as a “derivation of disorder of societal structure, including values, customs, and norms.”⁸⁰ The Attorney General, Pedro Ojeda Paullada, agreed. He stated during a conference on drug use that drug addiction had

⁷⁶ Alfonso Noriega, “Reacciones de adolescente,” *Excelsior*, 14 February 1970, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo.

⁷⁷ Antonio Lara Barragán, “Mitos y dioses en drogadictos,” *El Universal* 22 March 1969, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo.

⁷⁸ “Estalla la Familia y los hijos recurren a la droga.”

⁷⁹ “Orientando al joven se vence a las drogas,” *El Universal*, 17 March 1970, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo.

⁸⁰ Héctor M. Cabildo, “Epidemiología y prevención de la farmacodependencia,” *El Día*, 27 February 1974, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo.

become the “social cancer” of Mexico.⁸¹ Statements like these led journalists to compare drug addiction as the “slavery of the twentieth century,” in which drug traffickers targeted children and consequently the minds of the users “are destroyed.”⁸² These ‘diseased youth,’ corrupted and damaged by drugs, were harming society as a whole. Drug addiction destabilized the individual and social body.

Dr. Roquet’s drug-centered approach to addiction offended the sensibilities of other leading doctors, such as Ernesto Lammoglia,⁸³ Guido Belsasso,⁸⁴ and Ramón de la Fuente.⁸⁵ These doctors, like others mentioned, embraced an addiction language in which the drug itself was the source of danger. As a result, scientists saw the phenomenon of drug use as something that occurred *to* the individual *because of* other factors. The individual was not inherently “bad,” or the source of the problem, as was seen in the 1920s and 1930s. Specialists saw drug addiction and use as a manifestation of some underlying personality trait that compelled an individual to seek immediate satisfaction, even at the cost of suffering possible long-term consequences. At the same time, health specialists also saw drug use as an expression of criminalized behavior in which the subject used drugs, and thus was viewed by the public as a moral problem.⁸⁶ Drug addiction and use was alternatively viewed as an individual’s struggle to self-medicate because they suffered from a “psychic conflict,” social or economic difficulties, depression, anxiety, or other psychiatric

⁸¹ “Contra la farmacodependencia,” *El Heraldo de México*, 30 August 1976, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo.

⁸² Manuela A. Díaz Cid. “Drogadicción: Esclavitud del Siglo.” *El Heraldo de México* 17 de June 1972, 4. Archivo General de la Nación (here on out AGN), Dirección General de Investigaciones Políticas y Sociales (here on out DGIPS), Caja 948, Exp. 1.

⁸³ Ernesto Lammoglia was a clinical psychiatrist and criminologist. He was the director of the Centros de Integración Juvenil opened in 1970.

⁸⁴ Guido Belsasso was a psychiatrist who founded the Centro Mexicano de Estudios en Farmacodependencia in 1972.

⁸⁵ Ramón de la Fuente Muñoz was a psychiatrist who chaired the National Academy of Medicine, and was the founder of the Mexican Institute of Psychiatry in 1979.

⁸⁶ The issue of morality by the 1960s and 1970s was wrapped up in preserving the future of the nation as embodied in the nation’s youth. Conservatives saw minors as lacking “any moral reservations, ideals, and totally indifferent to the restrictions that permit social harmony, they rob, loot, disrupt order and indulge in the greatest excesses.” Juan González Alpuche, “Un Instituto de Criminología,” *Novedades*, 7 October, 1961, 15.

issues. Doctors also recognized that drug use could be the result of an individual's effort to "fit in," and be accepted within their cultural environment. Finally, experts viewed drug use as an expression of rebellion against established social values. Any of these factors, or even all of them, formed part of understanding of drug use among minors, and demonstrated the variety of definitions over drug use.

The SSA consolidated these perceptions into formal political discourse and eventually, the SSA incorporated these ideas into sanitary and penal legislation.⁸⁷ These definitions emphasized family life, societal structure, and environmental triggers to explain motivations or causes that led an individual to use drugs. By the 1960s, understanding drug use simply as a genetic quality shifted to include a more individualistic approach centered on structure.

Dr. Belsasso, psychiatrist and specialist in addiction, was one of the most influential and enduring voices in shaping the conversation around drug use and minors in the late 1960s and 1970s. Speaking before the Mexican Society of Neurology and Psychiatry in 1970, Dr. Belsasso reiterated calls to save minors "from falling into the abyss of drug addiction,"⁸⁸ but critically, Dr. Belsasso articulated a clear link between addiction and "the normal evolution of the adolescent."⁸⁹ He explained the particular vulnerability of youth to corruption through drugs. Dr. Belsasso argued it "[was] necessary to assess the individual problem of the adolescent and establish if his confrontation with the adult work, in which he is assaulted by desires to try alcohol, cigarettes and drugs, is the result of a normal process or if it presents pathological characteristics."⁹⁰ Here, Dr. Belsasso expressed the assumption that the biological stage of youth represented a period of

⁸⁷ Francisco Alarcón Navarro, Antropólogo Jorge Miranda, and Sociólogo Nicolás Pérez Ramírez, "Drogadicción," 1971-1973, Secretaría de Salubridad y Asistencia, Secretaría Particular, Caja 245, Exp. 1.

⁸⁸ Juventino Chávez, "Es oportuno iniciar un programa que salve al joven de las drogas," *Novedades*, 9 September 1970, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo.

⁸⁹ *Ibid.*

⁹⁰ *Ibid.*

psychological weakness. Dr. Belsasso's focus on adolescence and the ways in which youth could be corrupted by environmental factors demonstrate the increasing focus on the individual. It was not long before these notions made their way into the formulation of the law.

The Role of the International Community

In the 1960s and 1970s, the international community influenced Mexican sanitary and penal legislation, particularly in regards to drug use and addiction. Mexican experts were partially subject to the definitions and regulations of international organizations that aimed at controlling the distribution and sale of narcotics across the globe. How did this come to be?

The international system of drug control began in 1909 with the International Opium Convention as the first international drug control treaty, which Mexico joined in 1912.⁹¹ The Convention was ratified five more times before 1960, and Mexico was a part of those reforms.⁹² The 1961 Single Convention on Narcotics Drugs, which fell under the jurisdiction of the Commission on Narcotic Drugs (CND), superseded the 1912 Convention.⁹³ The Convention was an international treaty that aimed at replacing the many existing multilateral treaties into one single instrument that prohibited the production and supply of specific drugs exclusively to medical and scientific purposes. These drugs included opium, coca, and derivatives such as morphine, heroin,

⁹¹ Originally, the Convention was a response to the criticism of the opium trade, and its goal was to control all persons manufacturing, importing, selling, distributing, and exporting morphine, cocaine, and their respective salts. Moreover, the League of Nations took on the role of enforcing the Convention when it was formed in 1920, and was eventually passed on after 1945 to the United Nations.

⁹² Geneva Convention 1931, Geneva Convention 1936, Lake Success Protocol 1946, Paris Protocol 1948, New York Protocol 1953.

⁹³ This was the central drug policy making body within the United Nations Economic and Social Council, a functioning commission of the United Nations system. The CND had important functions under the drug control treaties, which continue to this day. Most notably, the CND had power to influence drug control policy by advising other bodies and deciding how various substances were controlled.

cocaine, and cannabis.⁹⁴ The Convention laid out the instructions and system for narcotic and psychotropic substances regulations, as well as the definitions for drug users, abusers, and addicts, of which all countries who were a part of the convention were obliged to follow. There was no mention of industrial chemicals or inhalants. Each country that was a part of the Single Convention on Narcotic Drugs, including Mexico, was obligated to comply with the regulations laid out by the Convention. The Single Convention has been the basis for the standardization of national drug-control laws since 1961.⁹⁵

The Single Convention was the first international treaty to identify drug addiction as a problem, and consequently had a significant influence on countries in the Convention. The Convention unambiguously condemned drug addiction, stating that “addiction to narcotic drugs constitutes a serious evil for the individual and is fraught with social and economic danger to mankind.”⁹⁶ Similar to Mexico and the United States, the Single Convention took a more prohibitionist approach to the problem of drug addiction, focusing on inhibiting the illicit traffic of all narcotic drugs. The World Health Organization (WHO), as an acting body of the Single Convention, provided the guidelines for defining drug use, drug habituation, and drug dependence within the United Nations (UN) and the Single Convention. In 1964, the WHO defined drugs as any substance that, introduced into a living organism, modified one or more of its functions. Because of its broad definition, the WHO outlined several different forms, or ranges, of drug

⁹⁴ LSD and MDMA were added in the Protocol to the Single Convention in 1971. Peyote was included as well, but had special exceptions given their religious value and use among indigenous groups. The World Health Organization, a specialized agency within the United Nations, had an important role in the Single Convention as it was empowered to add, remove, and transfer drugs among the treaty’s controlled substances list, thereby designating which drugs were considered illicit.

⁹⁵ The Single Convention has since been supplemented by the Convention on Psychotropic Substances, and the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

⁹⁶ United Nations, “Single Convention on Narcotic Drugs 1961,” *Treaty Series*, vol. 520, p. 151, and vol. 557, p. 280 (March 1961).

https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=VI-15&chapter=6&clang=en accessed on May 30, 2018.

consumption. First, drug dependence was a “state arising from repeated administration of a drug on a periodic or continuous basis.”⁹⁷ The definition also accounted for individuals who reached a physical or psychic dependence to substances that produce a deviation of mental functions. Experts at the UN defined psychological dependence as a type of habituation that referred to the compulsive use of the drug without the development of physical dependence, but which also implied a danger for the individual.⁹⁸ Specialists defined drug abuse as the use of a drug in an excessive, persistent or sporadic, incompatible or unrelated to usual medical practice. Drug dependence could be, but did not have to be, accompanied by tolerance, and was the adaptation to the effects of the drug, which implied the need to increase doses. All countries that were a part of the Single Convention and the United Nations, including Mexico, employed these categories for understanding and characterizing the drug user.

The opinions of medical professionals, criminologists, legislators, and the international community resulted in an established definition of drug dependence in Mexico by the late 1960s. Specialists classified addiction or dependence as both a physiological need for the substance and by a body’s ability to develop tolerance.⁹⁹ Even if certain drugs did not create physical dependence, like psychedelics, public health officials insisted that they created a “psychic dependence” due to the “distortions in perception that it produced.”¹⁰⁰ Moreover, health specialists began referring to drug addiction as drug dependency (*farmacodependencia*) because it was a broader concept that

⁹⁷ United Nations, Commission on Narcotic Drugs, “World Health Organization Expert Committee on Addiction-producing Drugs: Thirteenth Report,” *WHO Technical Report Series* January, 1964. https://www.unodc.org/unodc/en/data-and-analysis/bulletin/bulletin_1964-01-01_2_page006.html accessed on April 20, 2018.

⁹⁸ “Farmacodependencia: Información para los médicos del país,” *Consejo Nacional de Problemas en Farmacodependencia* Publicación Técnica 4 (1972), 4. The Consejo Nacional de Problemas en Farmacodependencia was headed under the Secretaría de Salubridad y Asistencia.

⁹⁹ Alarcón Navarro, Miranda, and Pérez Ramírez, “Drogadicción,” 1971-1973, Secretaría de Salubridad y Asistencia, Secretaría Particular, Caja 245, Exp. 1.

¹⁰⁰ Ibid.

included the use of medicinal substances without medical control, like industrial chemicals. Therefore, all drugs were dangerous because they all had the potential for abuse.

Mexico and the international community provided a foundation for these definitions regarding drug use and abuse, as well as what was considered an illegal drug. Notably, the international community and the WHO also failed to include industrial chemicals into their definitions and categories. Therefore, the use and abuse of inhalants tended to fall outside the purview of Mexican legislation. The incidence of rising drug use among minors is part of what created the social danger of “drugs.” However, definitions regarding drug use and abuse, as well as legislation, omitted this highly dangerous substance used during that time.

There was little space for visionaries like Salvador Roquet and his prescient ideas. Perhaps the continuation of these old ideas that blamed degeneration, corruption, and threats to public and individual health on drug use and abuse was too established to allow for the possibility that some of these same drugs had therapeutic value. Dr. Lammoglia, Dr. Belsasso, Dr. de la Fuente, and Dr. Roquet, among many others did not agree on how to define which drugs should be illegal, what constituted the “why” of drug addiction or even how to treat it. However, they all agreed on one view: illegal drugs and drug addiction needed to be studied in order to be understood.

1960 – 1980: Sanitary and Penal Reforms

The profound changes in drug use trends of the 1960s and 1970s (middle and upper class use of marijuana and LSD, and lower class use of industrial chemicals) led to reforms in the sanitary and penal codes in 1968, 1973, 1974 and 1978 regarding illegal drugs and drug use by including addiction but also become more criminalized.

The changes to the sanitary codes were significant in three ways. First, the changes outlined more specific roles for the Secretaría de Salubridad y Asistencia (Secretary of Health and Welfare), in addressing drug users. Second, the sanitary and penal codes modified the types of drugs that the government, with the influence of the international community, considered to be harmful to Mexicans. While these changes attempted to be more inclusive of the user, these changes neglected to include industrial chemicals like glue and paint thinner as illegal drugs or substances harmful to Mexicans. Third, the sanitary codes established that all activities related to narcotic drugs¹⁰¹ were subject to the international treaties and conventions of which Mexico was a signatory; to the dispositions issued by the Consejo de Salubridad General (Council of General Health), and to Mexico's domestic criminal laws. This meant that sanitary and penal codes incorporated regulations laid out by international treaties. The SSA and the Procuraduría General de la República (Attorney General's Office) remained connected, meaning they each had a significant role in drug policy. The new sanitary codes had been designed to stop drug use and addiction through prevention.¹⁰² The codes allowed the SSA to use narcotic and psychotropic substances in the field of medicine for diagnostic, preventative and therapeutic purposes, as well as management for scientific research. This meant that narcotic and psychotropic substances for medical diagnosis, preventive and therapeutic application, and scientific research were the subject of strict measures of health surveillance and control by the SSA.

The sanitary codes also established that the SSA create prevention programs against drug dependence, as well as the treatment of drug abusers and dependents. As a part of prevention programs, the SSA produced and disseminated educational programs about the dangers of drug

¹⁰¹ Including trade, importation, exportation, transportation, production, cultivation, harvesting, processing, acquisition, possession, medical prescription, preparation, use, and consumption.

¹⁰² "Título Undécimo del Código Sanitario," 1976-1992, Secretaría de Salubridad y Asistencia, Secretaría Particular, Reglamentos para el Control de Hipnóticos, Caja 344, Exp. 3.

misuse, and shared this information with the press, the Secretaría de Educación (Secretary of Public Education), and other health institutions.¹⁰³ The reformed sanitary codes also established that the SSA would regulate drugs for production, sale, and distribution, and therefore was responsible for defining which drugs were illegal. Drugs that lacked therapeutic use or value were banned.¹⁰⁴ By the 1960s, the law outlines that these included poppy, opium, opium derivatives, morphine, heroin, codeine, morphine derivatives, synthetic narcotics, cocaine, coca leaf derivatives, and cannabis.¹⁰⁵

The 1973 sanitary code classified new illegal drugs outlined by international drug control treaties, including peyote, hallucinogenic mushrooms, particularly the Mexican psilocybin, and ololiuqui.¹⁰⁶ These newly classified illegal drugs demonstrate how prohibition follows practice. The law responded to medical and criminal experts who were in turn responding to changes taking place in society. After the publication of the 1973 codes, the SSA compiled a new classification in order to better control and survey the use of illegal substances.

In 1974, the SSA divided illegal drugs into five major groups, outlined in table 1 below, and generally referred to their therapeutic value. This categorization determined the legality (or lack thereof) and in turn, the appropriate criminal punishment based on the danger or risk to society. The SSA's classification served as a basis for Mexico's criminal law as well as defining the applicable criminal penalties of the *delitos contra la salud* (crimes against health). As such,

¹⁰³ Artículo 37 del Código Sanitario, found in Cárdenas de Ojeda, *Toxicomanía y Narcotráfico*, 55.

¹⁰⁴ Artículo 147 del Código Sanitario, found in Cárdenas de Ojeda, *Toxicomanía y Narcotráfico*, 50.

¹⁰⁵ "Código Sanitario de los Estados Unidos Mexicanos," 1969-1972, Secretaría de Salubridad y Asistencia, Secretaría Particular, Comisión Internacional de Estupefacentes, Caja 225, Exp. 2.

¹⁰⁶ "Artículo 292, Código Sanitario," *Diario Oficial de la Federación*, 26 de febrero 1973. The 1971 Vienna Convention on Psychotropic Drugs set out to impede the flow of psychedelic drugs across international borders. Signatories agreed to adopt the approach to these drugs. However, the agreement posed two challenges for Mexico. The first involved reclassifying peyote as a psychotropic drug, and the second making an exception of indigenous groups who used peyote for religious purposes. For more on this, see Dawson, *The Peyote Effect*. Eventually, Mexico classified peyote as a psychotropic drug while providing exemptions for indigenous rituals.

the table also includes the conditions or regulations that the *Código Penal* assigned to each of the five categories.

Table 1. Classification of Illegal Drugs Designated by the *Código Sanitario*, 1974.¹⁰⁷

Group	Examples	Conditions or Prohibitions
Group V Substances without therapeutic value but that have industrial value.	Hydrocarbons, ¹⁰⁸ ketones. ¹⁰⁹	Its use requires the authorization and control of the SSA.
Group IV Medication with psychotropic effects	Acetil; mandrax; upral; alobarbital; Barbitol; Buspirona; Caffeine; cloropramazine; mazindol; pipradol; etc.	Their sale requires a medical prescription, which is authorized by the SSA; and the pharmacy requires a registry of its sale.
Group III Substances with therapeutic value that constitute a problem for public health.	Algotasina; alprazolam; bromazepam; clotiazepam; bormal; Selidín; lorazepam; oxazolam; ketamine; etc.	In addition to those requirements from Group IV, its importation requires authorization from the SSA.
Group II Medications with therapeutic value, but that can constitute a problem for public health.	Anfetamines; ciclobarbitol; fenetiline; methamphetamine; barbitol; methadone; codein; nicodine, etc.	In addition to the requirements of Group IV and III, there are strict restrictions on their importation and exportation, and for their sale and distribution. Furthermore, the drugs are only allowed to be prescribed in small doses.
Group I Prohibited Substances that have no or little medical value and are susceptible to abuse, and which constitute a severe problem to public health.	Opium; morphine; mescaline; psilocin; heroin; coca; cocaine; marihuana; LSD; DET; DMT; etc.	All fabrication, production, acquisition, possession, commerce, importation, cultivation, within the Mexican territory.

Like the sanitary codes, the reforms to the penal codes of the 1960s and 1970s reflected the changing trends in drug use, specifically the use of marijuana by minors. The penal codes were

¹⁰⁷ Artículo 271, 293, 296, 322, 323, 324, 325, 328, y329 *Código Sanitario*, found in Cárdenas de Ojeda, *Toxicomanía y Narcotráfico*, 64.

¹⁰⁸ Naturally occur in petroleum. The primary use of hydrocarbons is as combustible fuel source. In their solid form, hydrocarbons take the form of asphalt. Mixtures of volatile hydrocarbons are used as propellant for aerosol sprays.

¹⁰⁹ Ketones are produced on massive scales in industry as solvents, polymer precursors, and pharmaceuticals. The most important ketones are acetone (used for thinning resin, in paints and varnishes, and a heavy-duty degreaser), butanone (used in processes involving gums, resins, and in the manufacturing of plastics, textiles, and in household products such as lacquer, varnishes, paint remover, and as a cleaning agent), and cyclohexanone (used in the polymer industry, and has also been used in the illicit production of phencyclidine, also known as angel dust).

significant and distinct from earlier legislation for one crucial reason: identifying and clearly defining the drug user. The Single Convention of 1961 helped to outline distinctions between drug users, drug traffickers, and the drug as a substance. The *user*, identified as dependent on the individual who sold them the drug; the *trafficker*, continued to be perceived as a criminal; and the *drug*, perceived as “public enemy number one.” More importantly, the use of drugs was now understood by both criminal and medical experts as something that happened *to* the user; no longer as an inherent, hereditary quality of the individual.

The 1968 reform to the penal code stated that the possession and consumption of drugs by a toxicómano or drug addict was not a crime. While the sanitary codes had outlined provisions for drug addicts and users since 1931 (although very ambiguous), the penal codes did not take this into account until 1968. As such, article 195 of the 1968 reform to the penal code stated that it was not a crime for a drug addict to “possess in rational quantities narcotics that were sufficient for personal use.”¹¹⁰ The police decided what was the “rational” amount for personal use. Introducing addiction as a motive for drug-related crimes showed a move towards decriminalization regarding the prosecution of drug users who were addicts. Addicts would be arrested by the police, detained by the courts, and then passed on to health authorities who would determine treatment.

The 1968 reform to the federal penal code was the first in Mexican history in which marijuana had its own article and penalty. For instance, additional jail sentences and fines were given to individuals who specifically sowed, cultivated, harvested, or possessed cannabis. These additional punishments included jail sentences of an additional two to nine years and an increase from the regular fines; between 1,000 and 10,000 pesos more than the reform’s increase of drug

¹¹⁰ Poder Ejecutivo “Decreto que reforma los Artículos 15,85, 193, 194, 195, 196, 197, 198, 199, 201, 306, 309 y 387 en el Código Penal para el Distrito y Territorios Federales en materia de Fuero Común y para toda la República en materia de Fuero Federal,” *Diario Oficial de la Federación*, 8 March 1968.
http://www.diputados.gob.mx/LeyesBiblio/ref/cpf/CPF_ref26_08mar68_ima.pdf accessed 30 May 2018.

finer. This suggests that the increase of marijuana use, specifically by minors, was threatening enough to the Mexican state to particularly criminalize marijuana in the new law. The reforms also introduced a provision that dealt with the corruption of minors: individuals were subject to punishment if they “perform[ed] acts of provocation, instigation, or induc[ed] another person to use narcotics or marijuana, or [were] forced to execute alongside them a criminal act related to drugs.”¹¹¹ For example, if an individual encouraged a minor to take drugs; forced the minor to assist an individual in a drug offense; if the minor was incapacitated in any way; or if the minor was in any way taken advantage of, the penalty for this individual (not the minor) was an additional four to twelve years in prison. This provision was particularly significant as it considered the role of minors in drug offenses. Federal adult courts perceived minors completely without agency, regardless of their age. As I will show in the following chapter, the Juvenile Court, on the other hand, would place responsibility solely on the minor. Other reforms in the 1968 penal codes included an increase in sentences and fines. For example, imprisonment sentences fell between three and twelve years, and fines of between 2000 to 20,000 pesos for any drug-related activity.¹¹²

In 1978, the penal code included reforms that further criminalized the drug user. The reforms outlined that if an individual possessed a quantity of drugs that exceeded the amount needed for immediate consumption, regardless of their addiction status, then this individual could receive a prison sentence, from two months to two years, and a fine of \$500 to 15,000 pesos. Moreover, if the individual was not an addict but still possessed drugs, then they were subject to

¹¹¹ Ibid.

¹¹² These activities include: elaborate, trade, transport, possess, buy, sell, supply, free of charge or in general, any act of acquisition, supply, transportation or trafficking of narcotics without fulfilling the requirements established by law, agreements, and sanitary provisions. Who, in violation of the laws, international conventions or treaties and sanitary provisions, sow, cultivate, harvest, trade, transport, possess, buy, sell, dispose of, supply even free of charge, or in general, relays any act of acquisition, supply, transportation or traffic of seeds or plants that have the character of narcotics. Whoever performs any of the acts enumerated in the preceding fractions or raw opium, cooked, or prepared for smoking or with substances prepared for a vice of those who poison the individual and degenerate the race.

imprisonment, from six months to three years, and a fine up to 15,000 pesos. These types of quantity modifications demonstrated a legislative concern for drug addicts and distinguished between those dependents who were sick with addiction, and those who were addicts or drug dependent and also criminals. The law considered an individual an addict *and* a criminal if they held a bit more volume of drugs, or were involved in another drug-related activity as outlined in *delitos contra la salud*, like drug trafficking. The reforms to the penal codes sought to control the criminal activities related to drugs that legislators saw as poisoning society. In reality, it was difficult to determine if an individual was an addict, because penal authorities, like the police, made their own decisions about drug dependents and addicts.

The Absence of Regulation for Industrial Chemicals

The discussion of industrial chemicals merits their own section due to the nature of their legality and the absence of regulation. The 1960s and 1970s witnessed the rise of another, perhaps more dangerous drug: industrial chemicals. Industrial chemical use, specifically inhalants, was widespread in other parts of the world, mainly industrial or industrializing centers. However, other countries took measures to help those who inhaled toxic substances. Communities in Western and Southern Australia passed local laws to make petrol inhaling, or sniffing, an offense. Police in Western and Southern Australia were allowed to search for a person who was reasonably believed to have a toxic inhalant. In England and Wales, it was illegal for retailers to sell industrial chemicals to anyone under the age of eighteen if there was a reason to believe they would use it for inhalation and intoxication. Legislators in Mexico, who could use their power to limit, regulate, or control industrial chemical distribution and sale, did not choose to regulate these chemicals because widely available construction chemicals were part of Mexico's industrialization miracle.

Substances like paint, industrial glue, and gasoline were essential to this process. In addition, it was likely that regulating industrial chemicals would have required interfering with labor and employers regarding workplace safety. No health or judicial documents report any concern for laborers and their exposure to industrial chemicals during the 1960s and 1970s. I contend that socioeconomic class and the international influence were the more powerful factors influencing the lack of regulation, a point I explore further in Chapter Five.

Reports from the SSA focused on minor's use of industrial chemicals and the damages these had on their health. Both health and judicial specialists agreed that the personal use of industrial chemicals could lead to long-term mental and physical effects on its users. Numerous reports from the SSA indicate that Dr. Belsasso, the director of the Centro de Estudios Mexicanos en Farmacodependencia, CEMEF (Mexican Center for the Study of Drug Dependence), acknowledged industrial chemical misuse as a fundamental problem in Mexico.¹¹³ Other health specialists agreed. Dr. Augusto Fernández-Guardiola, the biomedical studies coordinator at the CEMEF, characterized industrial chemical misuse as entirely different from the use of other drugs, like marijuana use, for three reasons.¹¹⁴ The first difference was that industrial chemicals freely crossed borders and were distributed widely. They were not illicitly trafficked. Second, there was not a single Mexican law that regulated the sale or consumption of industrial chemicals in penal

¹¹³ "Acta de CEMEF," 9 abril 1975, Centro Mexicano de Estudios en Farmacodependencia, Secretaría de Salubridad y Asistencia, Secretaría Particular, Caja 295, Exp. 1. See also Luis E Cárdenas "México y EU intensifican su colaboración contra drogas," *El Nacional* 26 September 1972, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo; Juventino Chávez, "Los jóvenes objetivo del narcotráfico," *Novedades*, 17 January 1976, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo; Elena Gallegos, "Hambre y miseria inducen al menor a la drogadicción," *El Universal* January 1979, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo; Héctor Solís Quiroga, "Criminal venta de inhalantes," *El Nacional*, 2 April 1979, 10; Héctor Solís Quiroga, "Niños que se intoxican," *El Sol de México*, 14 November 1977, 5.

¹¹⁴ Augusto Fernández-Guardiola "Introducción," in Centro Mexicano de Estudios en Farmacodependencia *Inhalación Voluntaria de Disolventes Industriales: Primer Simposio Internacional* (México: Editorial Trillas, 1977), 7.

or sanitary codes. The third difference was that children and adolescents primarily inhaled or misused industrial chemicals. For Dr. Fernández-Guardiola, this third point was the most significant because studies had demonstrated a relationship between a behavioral attraction for a psychotropic drug and the degree of ontogenetic development of the brain.¹¹⁵ Other doctors, such as Dr. Uriel Estrada Robles, who worked in the research division of the SSA, argued that misusing industrial chemicals by inhaling (also called “sniffing” or “huffing”) could cause fatal poisoning as a direct result of inhalation or a combination of unconsciousness and oxygen deficiency resulting from inhalation.¹¹⁶

It was not just health specialists who were concerned about the problem of inhalant or toxic chemical use. Héctor Solís Quiroga, a prominent criminologist and sociologist in Mexico, argued that it was a “sure path to madness, with no chance of recovery,” insisting that authorities had waited “long enough, and now the danger is notoriously greater.”¹¹⁷ His sense of urgency helped to propel more studies to understand inhalant use. Odalmira Mayagoitia de Toulet, director of special education in the Secretaría de Educación Pública (Secretary of Public Education), agreed, “we are creating a generation of social misfits, of the mentally ill, of potential criminals...as adults, they will only give back to society what it has given them.”¹¹⁸ Penal authorities were also concerned with toxic chemical use, stating that “the problem of inhalants is perhaps more concerning than the use of marijuana or cocaine because of the gravity of addiction that it generates and the severe damages it produces in individuals.”¹¹⁹

¹¹⁵ Ibid.

¹¹⁶ Uriel Estrada Robles, “Toxicidad de los solventes y sustancias volátiles que causan dependencia,” 1971, Secretaría de Salubridad y Asistencia, Secretaría Particular, Caja 244, Exp. 2.

¹¹⁷ Héctor Solís Quiroga, “Niños que se intoxican.”

¹¹⁸ Antonio Lara Barragán, “Los niños mexicanos son presas de los estupefacientes, ¡sálvenlos!,” *El Universal* 30 December 1975, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo.

¹¹⁹ Procuraduría General de la República, *Manual de Delitos Contra la Salud relacionados con estupefacientes y psicotrópicos* México, 1987. p. 31.

The incidence of inhalant use was acknowledged as early as 1963, during a conference in Mexico City, Congreso de Ciencias Neurológicas y Psiquiátricas (Conference of Neurological and Psychiatric Sciences), where findings revealed that adolescents inhaled paint thinner and industrial glue. Coupled with data from the Juvenile Court, both health and penal specialists became aware that inhalant use was becoming extensive in the early 1960s.

To understand this phenomenon of toxic chemical and inhalant misuse, more than fifteen studies occurred to understand inhalant use, its motivations, and more importantly, the effects on the body.¹²⁰ For instance, in 1977, a study on the biomedical and psychiatric effects of inhalants was conducted.¹²¹ And the researchers found hematological alterations, urinary infections, alterations in the user's biochemical profile, and brain damage. Furthermore, researchers found that inhalant users did not consider themselves sick or addicted, seeing as they used inhalants daily.

SSA and CEMEF records indicate that there were no discussions about incorporating regulation into the sanitary or penal codes. The results of inhalant use studies, added to other drug use investigations, revealed a public health crisis, specifically the expansion of glue and paint thinner inhalation among the poorest socioeconomic classes. During this period, the Mexican state

¹²⁰ A few notable studies stand out, Rita E. Berriel-González, María Elena Berriel-González, Rebeca Jáuregui y Beatriz Contreras-Cisneros, "Características generales de pacientes usuarios de sustancias volátiles admitidos en el Centro de Integración Juvenil "León,"" in Centro Mexicano de Estudios en Farmacodependencia *Inhalación Voluntaria de Disolventes Industriales: Primer Simposio Internacional* (México: Editorial Trillas, 1977); María Elena Medina Mora, Lourdes Schnaas, Graciela Terroba, Yolanda Isoard, Cricitina Suarez, "Epidemiología del consumo de sustancias inhalantes en México," in Centro Mexicano de Estudios en Farmacodependencia *Inhalación Voluntaria de Disolventes Industriales: Primer Simposio Internacional*; Fidel de la Garza, Iván Mendiola y Salvador Rábago, *Adolescencia marginal e inhalantes* (México: CEMEF, 1977); Carlos Guzmán Dolores, "Alternaciones de la conducta social en primates causadas por la administración de inhalantes," Instituto Biomédicas de la UNAM, Centro Mexicano de Estudios en Farmacodependencia, 1973, Secretaría de Salubridad y Asistencia, Secretaría Particular, Caja 266, Exp. 1; Herman Leal, L. Mejía, L. Gómez y O. Salinas de Valle, "Estudio naturalístico sobre el fenómeno del consumo de inhalantes en niños de la ciudad de México," in Centro Mexicano de Estudios en Farmacodependencia *Inhalación Voluntaria de Disolventes Industriales: Primer Simposio Internacional*; Uriel Estrada Robles, "Toxicidad de los solventes y sustancias volátiles que causan dependencia," 1971, Secretaría de Salubridad y Asistencia, Secretaría Particular, Caja 244, Exp. 2.

¹²¹ de la Garza, Mendiola, y Rábago, *Adolescencia marginal e inhalants*, 127-142; and Fidel de la Garza, Ivan Mendiola, E. García Flores y Salvador Rábago "Estudio biomédico de treinta pacientes inhaladores," in Contreras, eds., *Inhalación voluntaria de disolventes industriales*, 235-247.

advanced sanitary and penal legislation, further criminalizing marijuana and other drugs, like LSD and peyote, but not industrial chemicals.¹²² Health specialists worked tirelessly with government agents to understand the use of inhalants. However, they faced powerful economic interests¹²³ as well as the widespread use of these substances, particularly in Mexico City's self-built communities that grew on the edge of the city because the state lacked resources to provide adequate housing for migrants coming to the city for work.

Legislative officials gave special exemptions, concessions, and benefits to industrial companies that produced industrial chemicals in Mexico City.¹²⁴ As part of Import Substitution Industrialization (ISI), Mexico's commitment to industrial products, especially chemicals, was significant. Mexico's chemical industry began in the early 1950s. The first noteworthy modern chemical production plant in Mexico was an ammonia synthesis facility, operated by the government owned Guanos y Fertilizantes de México (GUANOMEX), a builder of fertilizer, phosphate, and pesticide plants. The revolutionary development of the first hormonal form of birth control pills,¹²⁵ using hormones extracted from an indigenous Mexican plant, was commercialized by Syntex Laboratories in 1964.¹²⁶ Cutting off investments in foreign chemical plants on Mexican soil, and closing the border to chemical and petrochemical imports – including pesticides, fertilizers, polymers, and others, was a factor that stimulated the growth of national chemical

¹²² See *Diario Oficial de la Federación*, 8 de marzo 1968.

http://www.diputados.gob.mx/LeyesBiblio/ref/cpf/CPF_ref26_08mar68_ima.pdf accessed 30 May 2018; “Código Sanitario de los Estados Unidos Mexicanos,” 1969-1972, Secretaría de Salubridad y Asistencia, Secretaría Particular, Comisión Internacional de Estupefacientes, Caja 225, Exp. 2; and Procuraduría General de la República, *Manual de Delitos Contra la Salud relacionados con estupefacientes y psicotrópicos* México, 1987.

¹²³ The Mexican state continuously made exemptions for industries that fabricated toxic solvents. For example, *Diario Oficial de la Federación* 15/12/1961, 12/11/1969 and 31/08/1971, among many more.

¹²⁴ Resistol, for example, was given permission to install and operate factories for the elaboration of its substances (*Diario Oficial de la Federación* 15/12/1961 and 31/08/1971), and given tax exemptions (*Diario Oficial de la Federación* 12/11/1969), among many more.

¹²⁵ For a history on this see Gabriela Soto Lavega, *Jungle Laboratories: Mexican Peasants, National Projects and the Making of the Pill* (Durham: Duke University Press, 2009).

¹²⁶ Laboratorios Syntex SA was a pharmaceutical company formed in Mexico City in 1944 to manufacture therapeutic steroids from Mexican yams.

companies. The Mexican government also offered tax incentives to domestic chemical producers and to foreign investors, for building plants in Mexico to replace such imports. These factors paved the way for the construction and startup of a titanium dioxide plant in 1959. Finally, the ascendance of Mexico's chemical industry was promoted by the Asociación Nacional de la Industria Química (National Association of the Chemical Industry, ANIQ), created in 1959 by a group of private investors. By 1973, ANIQ served more than 300 member companies that accounted for a capital investment of \$120 million (in 1931 US dollars) and about 86,000 jobs. International companies like Bayer, Philips Petroleum, and Procter & Gamble, were allowed to own and operate plants through co-investments with Mexican partners, and a petrochemical permit issued by Mexico's Petrochemical Commission.¹²⁷ The entry of foreign partners and pro-industry legislation contributed to the rapid industrialization of Mexico's chemical industry, which grew at an annual rate of 8 percent during the 1960s and early 1970s.¹²⁸ The importance of these companies in terms of the number of jobs they offered and the revenue they created for Mexico and foreign companies in part explains why the government did nothing to regulate the personal use of industrial chemicals.

The sanitary codes of the 1960s and 1970s failed to provide measures to reduce the use of industrial chemicals for personal consumption. It was not until the mid-1980s when authorities and treatment centers like the Centros de Integración Juvenil (Youth Integration Centers) began to demonstrate more enthusiasm for regulating industrial chemicals. By the mid-1980s, the sanitary codes were overhauled entirely. In 1984, the sanitary codes became the *Ley General de Salud* (General Health Laws) and the new Secretaría de Salud (Secretary of Health) replaced the SSA. It

¹²⁷ This was a board composed of representatives from several federal government entities.

¹²⁸ Enrico N. Martínez, "The Chemical Industry in México: Evolution, Challenges, and Perspectives," *American Institute of Chemical Engineers* (October 2012), 46.

was not until 1986 that inhalant use was directly addressed by the Ley General de Salud. Article 254 of the new Ley General de Salud stipulated that hardware stores must control and regulate the sale of inhalants to avoid their sale to minors.¹²⁹ To this end, hardware stores were obliged to establish a surveillance system. Also, medical attention was to be provided by the new Secretaría de Salud to individuals who consumed inhalants. Prevention campaigns were also to be provided to be carried out to educate the public about the damages caused by inhalants.

In 1988, health specialists wrote into the Ley General de Salud, recommending industrial chemicals for consideration as a form of psychotropic intoxication, and that penal and federal authorities consider taking action towards regulating their use.¹³⁰ (Health specialists also recommended that industrial chemicals be included in the list of illegal drugs, but this was never actually accomplished).¹³¹ 1989 saw the creation of the Fideicomiso para la Investigación Sobre Inhalables (Conglomeration for Inhalants Research, FISI), whose objective was to conduct interdisciplinary studies that established whether or not certain toxic substances could be replaced with chemicals that did not have psychotropic or addictive effects. Its members included the National Association of Paint Manufacturers, National Chamber of Industry, National Industrial Chemical Association, and Mexican Petrol (PEMEX). The Mexican Petroleum Institute carried out the studies, and the results guided the industry to reformulate their products, like water-based

¹²⁹ “Artículo 254, Ley General de Salud,” *Diario Oficial de la Federación*, 7 de febrero 1984. <http://www.salud.gob.mx/unidades/cdi/legis/lgs/index-t12.htm>
Accessed 15 June 2018.

¹³⁰ Reglamento de la Ley General de Salud, en Materia de Control Sanitario de Actividades, Establecimientos, Productos y Servicios. Poder Ejecutivo, Secretaría de Salud, “Tomo CDXII, Número 11,” *Diario Oficial de la Federación* 18 January 1988.

¹³¹ On sanitary and penal recommendations for regulation see, Sugeily Martínez Reséndiz, “La regulación de psicoactivos volátiles (inhalables) en México,” (Diploma de Especialista para el tratamiento de las adicciones, *Centro de Integación Juvenil* 2013-2014). See also Centro de Integración Juvenil, A.C. *Inhalables un problema reemergente de salud pública* (México: Grupo gráfico editorial, 2012), and Andrea Gallegos-Cari, Miguel Ángel López Brambilla, Rafael Edgardo Camacho Solís y Miguel Ángel Mondoza-Meléndez, “Inhalables y otras aspiraciones,” *Ciencia* 2014.

paints.¹³² Although a valiant effort in an attempt to bring together industry moguls to transform or regulate their products, the FISI did not produce any significant legislative change. Even by 2011, the practice of the Ley General de Salud had failed to regulate the sale of inhalants properly because it did not enforce the provisions like controlling the sale of inhalants in hardware stores.¹³³

Conclusion

The way the Mexican law defined *delitos contra la salud* and classified illegal “drugs” allowed for ambiguity and interpretation as a drug user or addict. The authorities feared that drug users and addicts would degenerate the Mexican race and jeopardize the future of the nation, and used this fear to justify the existence of *delitos contra la salud*. Federal strategy to address drug-related activity like drug use, dependency and addiction was oriented to eradicate production, trade, and consumption through punitive consequences. I examined these contradictions inherent in the Mexican legal and health systems regarding drug laws that define certain drugs as licit but prosecute the consumer. Throughout the twentieth century substances became further demonized, and so too did the behaviors that surrounded the consumer.

In the first half of the twentieth century, the Mexican state was particularly concerned with degeneration, and these ideas informed the debates and creation of sanitary and penal codes. However, by the second half of the twentieth century, genetic factors that were central to the etiology of drug use, addiction, and dependence had lost centrality. The influence of degeneration theory began to diminish. The holistic concept of mental illness influenced by the North American psychiatry, in which the social and the individual environment, became more significant to the understanding of motivations for drug use. Experts understood drug use as an unhealthy act that

¹³² See <http://fisi.org.mx/s>

¹³³ “Urgen regular venta de solvents,” *Excelsior* 12 December 2011, 12.

happened to the individual because of cultural patterns, psychological defense, and as a reaction to the person that incited their maladaptation to face problems, stress or anguish.

Because of this understanding, in the 1960s penal and sanitary legislation incorporated specific provisions for drug addicts. Legislation in the 1960s and 1970s demonstrates that drug use was further criminalized. This also meant that the drug user became a subject of sanitary and penal legislation that merited attention. Mexican law regarding drug use attempted to regulate and reflect the reality of drug consumption. The Mexican state achieved that to a certain degree. In the 1960s and 1970s, drug consumption became more frequent among Mexican minors, as well as the use of illegal drugs like marijuana. Medical and penal authorities responded in full force, incorporating into law the varied understandings of the substances that were consumed, as well as new interpretations concerning the individual who consumed them. However, Mexican law in the 1960s and 1970s failed to account for a much bigger reality: the use of industrial chemicals. Legal and medical experts were aware of the personal use of industrial chemicals and their harmful effects but did nothing to limit or regulate their use. I now turn to examine the implementation and application of the legislation discussed in this chapter, particularly regarding drug use among minors.

Chapter Four: Included or Ignored? Institutions Dealing with Drug Use

Introduction

With an increase in drug use among Mexican minors and the development of further drug laws during the 1960s and 1970s, the interaction between health specialists and judicial authorities resulted in specific state institutions to address drug use. More and more, Mexican citizens became more connected to the state. This chapter focuses on the way *delitos contra la salud* (crimes against health) were implemented and applied to drug using minors.

This chapter is divided into two parts. The first looks at the institutional role of the Secretaría de Salubridad y Asistencia (Secretary of Health and Welfare, SSA), and the second examines the Juvenile Court. In the first part, I reveal the way middle-class Mexicans held the SSA accountable for enforcing drug laws and promoting rehabilitation against drug-using minors. This led to the creation of the Centros de Integración Juvenil (Youth Integration Centers, CIJ) in 1969. The success of the CIJ, continuing legislative discussion on drug use in minors, and the need for further studies to understand and effectively treat drug use in minors led the SSA to create two more of its own institutions. These were the Centro de Estudios Mexicanos en Farmacodependencia (Mexican Center for the Study of Drug Dependence, CEMEF) and the Consejo Nacional de Problemas en Farmacodependencia (National Council for Problems in Drug Dependence, CNPF). It was not until the 1980s that private institutions whose goal was the rehabilitation of drug-using minors emerged. In the second part, I look at the effectiveness of the Juvenile Court, police authority, and the prosecution of inhalant using minors in relation to government action and institutions.

This chapter makes several findings. First, that Mexican citizens use of institutions that addressed drug use was different from the role these institutions were meant to have. Second, SSA and CIJ records indicate that it was challenging to incorporate programs that dealt with inhalant use. Anti-drug campaigns that focused on battling the drug trafficker and dealer, for example, were not applicable to inhalants because the substances were not illegal. The state faced an additional problem with inhalant users because there was no way to regulate the personal use of a legal substance so crucial to Mexico's construction industry. Third, the state lacked the proper resources, even after the creation of its own institutions, to provide adequate treatment for drug users and addicts. Before the 1970s there were no specific drug treatment centers, with the exception of the short-lived Hospital Federal de Toxicómanos (Hospital for Drug Addicts) mentioned in Chapter Three. Fourth, the Juvenile Court sample data reveals that the police detained inhalant using minors in much higher numbers than marijuana consuming minors, (see also tables 3 and 4 in appendix I for data). Inhalant use legally did not constitute a crime; however, the data shows that in practice, police arrested inhalant users without there being any lawful justification to exercise a criminal action on inhalant users.

Institutional Role of the Secretaría de Salubridad y Asistencia

By the 1970s, the press brought dire warnings into the homes and private conversations of the reading public about drug use in minors and pushed for specialized treatment centers. One article in 1970 covering a conference at the School of Law at the Universidad Nacional Autónoma de México (National Autonomous University of Mexico, UNAM) warned of an annual 4 percent increase in drug use in Mexico among minors. The article reported “the moral and material

interests of our society, even the conservation of our species” were at stake.¹ An article in 1971 claimed that Mexican youth was ill, and as a result of drug use and abuse, was engaging in a “collective suicide” that threatened both their existence and that of humanity.² Yet another article, this time from the XII Congress of the Pan-American Alliance of Women, reported that doctors pushed for action against youth addiction, while also calling for special treatment centers for them. Mexican delegates argued that “an elevated percentage of those that consume drugs have diverse levels of mental weakness, or more likely, great trauma.”³ Delegates argued that the only way to save minors was to create rehabilitation centers. These words were echoed by Mexican psychiatrists and doctors, who saw a crisis of drug using minors, and urged specialized treatment centers. This sense of crisis instilled a fear in the public, and Mexican society quickly responded in different ways.

Mexican parents knew to write to the SSA for help to prevent and keep their children away from drugs. In March 1973, the Escuela Guadalupe Silva de Mancera Parents Association wrote a letter to Dr. Jimenez Cantú, then-director of the SSA, asking for help from the government. The Parents Association wanted to orient and inform drug addicts and combat drug use among minors. The letter described parental concern regarding drugs in numerous television programs and newspapers. Parents stated, “the authorities have done nothing practical to repress or orient those who suffer from drug addiction,” and wanted the SSA to help prevent and “banish the vices that our young population suffers.”⁴ The language used by parents could indicate that they saw drug

¹ “Aumenta el 4% el uso de drogas en nuestro país,” *El Universal*, 11 October 1970, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo.

² “Miles de jóvenes de México son víctimas de la drogadicción,” *El Universal* 10 July 1971, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo.

³ Sylvia Sayago, “Las médicas abordan el problema de drogadicción juvenil,” *El Nacional*, 8 September 1970, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo.

⁴ José Cárdenas, “Vice Presidente de la Mesa Directiva de la Asociación de Padres de Familia de la Escuela Guadalupe Silva de Mancera, solicita intervención a fin de que se formen brigadas de Orientación y regeneración, a fin de que orienten y edifiquen a los drogadictos y combatir por este medio los vicios que son el azote de la juventud,” 7 de

use as a bad habit or a choice that could be corrected rather than a health issue. Dr. Cantú responded to the Association and the parents' suggestions were passed on to the Director of Mental Health at the SSA, Dr. Guillermo Calderón Narvaez.

However, there is no evidence that the SSA helped the Parents Association or addressed the drug problem in their neighborhood more directly. A resident of the apartment complex "Vicente Guerrero," wrote directly to President Luis Echeverría (1970-1976) about the behavior of "bad Mexicans, who are poisoning the health of our youth, the hope of Mexico."⁵ This resident noted a group of young people gathered in the stairwell of the buildings, in groupings of "eleven people," to smoke marijuana and sniff glue.⁶ The resident noticed "immediately their drug addiction traits" (although he does not clarify what these "traits" were).⁷ The resident also suggested the building housed drugs for sale. Knowing the legal and medical authorities campaigned against drug addiction, the resident "strongly requested intervention so that such campaigns reach us and free our children from the grasps of vice and extirpate the root of the evil that are those youth poisoners."⁸ Letters like these demonstrated an interest in making sure that government drug prevention programs were reaching every corner of society and executing these campaigns.

The lack of direct response to these types of letters answers why many Mexicans took matters into their own hands. A 1971 flyer shows that Mexican parents did not wait for authorities to address drug use. The flyer promoted a civil association that said it in "no way acted in a police

marzo 1973, Campaña Contra la Producción y Tráfico de Enervantes, 1972-1975, Secretaría de Salubridad y Asistencia, Secretaría Particular, Caja 267, Exp. 3.

⁵ "Letter to Lic. Luis Echeverría Álvarez," 5 de agosto 1974, Campaña Contra la Producción y Tráfico de Enervantes, 1972-1975, Secretaría de Salubridad y Asistencia, Secretaría Particular, Caja 267, Exp. 3.

⁶ Ibid.

⁷ Ibid.

⁸ Ibid.

manner," and sought to assist in the "fight" against youth drug use.⁹ The flyer encouraged the neighborhood to call the number on the flyer if they noticed a minor using drugs. Parents were not the only ones who formed their own brigades to combat drug trafficking and consumption; a group of Mexico City youths also created their own brigade. The Youth Health Brigades was a civil organization that fought drug trafficking and addiction among young Mexicans. The minors who organized it believed that the SSA lacked the resources for the campaigns that they saw involving large groups of people.¹⁰ The Youth Health Brigades had an innovative approach, understanding that adolescents would be more comfortable with peer involvement. The Brigade believed they could engage youths about the evils that drugs had on society as well as on the individual. Once the project took off and was successful, the Brigade wanted the SSA to speak with minors and disseminate the program across the country. Despite the Brigade reporting their success with their aims, the SSA did not take these types of brigades seriously.

These letters to the government and self-appointed brigades of the serve as an example of the growing concern and frustration among Mexicans to deal with the rise in drug use. Civil demand led to one of the most significant organizations, and the first of its kind, to prevent, treat, and rehabilitate drug users and addicts in Mexico. The *Damas Publicistas de México y Asociados* created the CIJ in 1969 as a non-governmental civil organization. The *Damas Publicistas*, led by journalist Kena Moreno and composed of female publicists and media workers, was an initiative that began out of concern for the rise in drug use and addiction in the early 1960s.¹¹ The *Damas*

⁹ "Juventud de México," 1946-1976, Programas y Planes de Trabajo, Secretaría de Salubridad y Asistencia, Subsecretario de Asistencia, Caja 10, Exp. 1.

¹⁰ "Brigadas Juveniles de Salud," 1946-1976, Programas y Planes de Trabajo, Secretaría de Salubridad y Asistencia, Subsecretario de Asistencia, Caja 10, Exp. 1.

¹¹ Kena Moreno funded a newspaper called *Kena* in 1963, the first feminist magazine in Mexico. In 1973 she was elected International President of the Worldwide Association of Women Journalists and Writers (AMMPE). *Recuento monográfico de patronatos: 40 años de experiencia atendiendo a la familia, hacen la diferencia 2009* (México: Centros de Integración Juvenil, 2009). Little is known about Kena Moreno's role in the CIJ; the information that is available focuses on her time as a journalist.

Publicistas saw a lack of proper institutions to help drug consumers and those who suffered from drug addiction. Thus, they established the first CIJ "Dakota" in 1969, named after the street, Dakota, where the first center opened in the neighborhood of Napoles in Mexico City. The CIJ was, and continues to be, focused on prevention, treatment, rehabilitation, and scientific investigation of drug use in Mexico.

In order to address its goals, the CIJ opened clinics in high-risk areas of Mexico City and eventually to other areas of the country.¹² In 1970, the success of the CIJ led the SSA to lend their medical services, including those provided by the CEMEF, and helped fund the CIJ through a federal subsidy.¹³ Each CIJ had a group of doctors, psychologists, psychiatrists, and social workers who volunteered their time at the CIJ.¹⁴ In 1982, the SSA completely absorbed the CIJ, helping to subsidize their medical costs, allocating a fixed budget per year.

The CIJ provided prevention, treatment, rehabilitation, and programs to orient and reintegrate minors into society with a holistic approach: morally, mentally, and physically. The organization aimed to help young users through a blend of psychiatric treatment, psychological help, and physical work. With these intentions in mind, the CIJ had several functions.¹⁵ The first was to research the different aspects of drug use and addiction, primarily those that aided in prevention. By the 1970s, the CEMEF, as part of the SSA, carried out research and surveys,

¹² By 1977, the CIJ had 29 centers throughout the country. Within Mexico City, these included Dakota, Lomas, Caracol, Sur, Netzahualcóyotl, Norte, Naucalpan, and Cuauhtémoc. In the rest of the country, CIJ centers were located in the following cities: Mérida, La Paz, León, Cuernavaca, Monterrey, San Luis Potosí, Villahermosa, Querétaro, Ciudad Juárez, Acapulco, Pachuca, Tuxtla Gutiérrez, Chihuahua, Nogales, Guadalajara, Piedras Negras, Puebla, Hermosillo, Jalapa, Tijuana, and Culiacán.

¹³ In 1973 the federal subsidy for the CIJ was \$1,200,000; from 1973 to 1976 this went from \$4,000,000 to \$14,000,000 channeled through the CEMEF; and from 1977 to 1982, the CIJ was supported with \$108,800,000. *Centros de Integración Juvenil, Una respuesta integral al fenómeno de la farmacodependencia* (México: Centros de Integración Juvenil, A.C., 1982), 127.

¹⁴ For more information on each one of these roles, see "Manual de Organización de los Centros de Integración Juvenil," <http://www.intranet.cij.gob.mx/Archivos/Pdf/Organizacion/ORCIJXX.pdf>. Accessed 14 June 2018.

¹⁵ Jorge Llanes Briceño, *Drogas Mitos y Falacias* (México: Instituto Mexicano de Estudios del Comportamiento y Editorial Concepto, S.A., 1982), 101-102.

providing the CIJ with necessary information on where to focus its efforts and open new clinics based on demographics.¹⁶ The second function of the CIJ was to educate the community on prevention and treatment of drug addiction and its related topics. The third function of the CIJ was to open prevention centers, available to both minors and the community. The CIJ, in its fourth goal, sought to detect drug addiction and identify high-risk groups and, as part of the fifth goal, provide them with the necessary treatment. The CIJ also collaborated and advised individuals, grassroots and civil organizations, and other institutions to improve any actions to fight drug use and addiction. The most important aspect of the CIJ was that it offered minors treatment that was both holistic and comprehensive, set in a non-hostile environment, and subsequently, the tools for rehabilitated youth to reintegrate into society.

In a report celebrating the success of the CIJ, Dr. Guillermo Calderón Narváez, Director of Mental Health at the SSA, outlined the philosophy behind the institution, emphasizing the importance of patient productivity.¹⁷ Volunteers working in the center monitored the patients attended programs like artisanal classes. Under the watchful eyes of the volunteer women, the rehabilitating minors created small crafts that were then sold to the general public. Dr. Calderón Narváez explained that these types of activities achieved "the psychological effect of feeling like a productive person in active collaboration with the program."¹⁸ CIJ treatment and rehabilitation logically modeled itself on existing psychiatric precedent that sought to ease and delay the sense of gratification that was an immediate physiological pleasure provided by drugs. The center worked directly on treatment of minors to cure and liberate those who had tempted "alternative

¹⁶ Centros de Integración Juvenil, *Una respuesta integral al fenómeno de la farmacodependencia* (México: Centros de Integración Juvenil, A.C., 1982), 20. See also Raúl Avila Victoria, "Centro de Integración Juvenil en el Centro Histórico de la Ciudad de México," (Tesis de maestría, Universidad Nacional Autónoma de México, 2002).

¹⁷ Dr. Guillermo Calderón Narváez' importance cannot be overstated. He trained an entire generation of young psychiatrists and counselors who would go on to run Mexico's drug therapy programs in subsequent decades.

¹⁸ Dr. Guillermo Calderón Narváez, "Informe al C. Secretaría de Salubridad y Asistencia sobre el Centro de Trabajo Juvenil," Subsecretario de Asistencia, Secretaría de Salud, Caja 145, Exp. 5.

frameworks of life,” meaning those who had used drugs for pleasure. The CIJ’s longevity (which exists to this day), its rapid growth, and the numbers of patients treated successfully in the first-year, attest to its social impact of reintegrating former addicts into society, all while emphasizing the need to address drug use.¹⁹ The CIJ raised awareness that the SSA and hospitals designed to treat a variety of mental illnesses were insufficient and failed to help patients.

The success of the CIJ helped motivate medical professionals in the SSA to adopt similar programs. Dr. Calderón Narváez authored a report done in conjunction with the SSA in 1971. The report focused on the problem of minors’ drug addiction and established a framework for an entire project of surveillance, discipline, and rehabilitation to treat drug use. The report entreated medical professionals “to participate actively in any program whose finality was to prevent, treat, and rehabilitate minors who need our help.”²⁰ The report began by identifying minors’ drug addiction as a surging social crisis that required immediate attention. Referring to the drug user as “the patient,” he argued that the doctor, “as a professional, as a father figure in having to confront a similar conflict in his own home and as an important member of society, must be an active element in the struggle to solve this important problem of public health, which is affecting the most valuable part of the human race: its youth.” Moreover, by linking youth rebellion, criminality, and drug abuse, Dr. Calderón Narváez proposed that the drug problem was both medical and social, and therefore a problem of public health. As mentioned in Chapter One and Chapter Three, medical professionals like Dr. Calderón Narváez conflated the out-of-control adolescent with a mental disorder that threatened minors and the public. Thus, following the report’s claims, the Mexican medical community felt professionally obliged to intervene.

¹⁹ In 1971 it had an average of 39 daily visits and a population of 246 long-term patients, while employees and volunteers engaged in constant work of educating parents.

²⁰ Guillermo Calderón Narváez, “El Problema de dependencia a drogas y el médico,” *Enfermedades*, 1967-1973, Subsecretario de Asistencia, Secretaría de Salud, Caja 122, Exp. 3.

The SSA based their treatment and rehabilitation programs on the premise of minors as an inherently vulnerable group that required careful attention. Dr. Calderón Narváez outlined a workable method for providing such care. The report identified the doctor and his/her role as the most critical force in combating minors' addiction. Therefore, he urged the medical professionals to form mental health brigades that could go into the community and educate parents, teachers, priests, and all others charged with supervising youths. Dr. Guido Belsasso, a specialist in psychiatry and addiction and founder of the CEMEF, agreed. He argued that fighting drug abuse required "the active and conscious participation of people who daily and directly interact with the problem: parents, teachers, doctors, nurses, priests, police, and lawyers."²¹ These teams would also work to ensure that the "early detection cases" were caught. Thus, guaranteeing "opportune treatment," which involved targeting the underlying psychiatric problems affecting minors.²² Successful treatment and rehabilitation on an individual level would eliminate the threat to public health, and perhaps even public order, posed by drug-using minors.

The SSA attempted to tackle drug use through the creation of two critical organizations. The first was the CNPF, created in 1971 by Dr. Jiménez Cantú, the director of the SSA. Through this institution, Dr. Jiménez Cantú brought together different government agencies so that they could discuss ways to address drug use among minors. The goal was to guide, promote, communicate and manage all state agencies involved in the battle against drug use and addiction. These included members of the SSA, the Secretaría de Educación Pública (Department of Public Education), the Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado (Security and Social Services Institute for Workers of the State, ISSSTE), the Instituto Mexicano

²¹ Guido Belsasso "¿Cómo Identificar las Drogas y Sus Usuarios? Programa Nacional de Combate a los Problemas de Drogas," *CEMEF* (México: Comisión Nacional de los Libros de Textos Gratuitos, 1976), 7.

²² Guillermo Calderón Narváez, "El Problema de dependencia a drogas y el médico," 1967-1973, *Enfermedades*, Subsecretario de Asistencia, Secretaría de Salud, Caja 122, Exp. 3,

de Seguro Social (IMSS), the Departamento del Distrito Federal (Department of the Federal District), the Procuraduría General de la República (Attorney General's Office), the Secretaría de Relaciones Exteriores (Department of Foreign Relations), the Academia Nacional de Medicina (National Academy of Medicine), and the School of Medicine at the UNAM. Furthermore, the CNPF argued for doctors to "be active agents in the great effort to fight this important public health problem."²³ The activities of the CNPF created and then distributed publications throughout the country, aimed at educating people about the early detection of drug dependence, and how to proceed with adequate treatment. The primary purpose of the council was to serve as a technical advisory board to health authorities and provide recommendations for each. The information exchanged between the CNPF, and the aforementioned government agencies prevented the duplication of efforts and indicated areas and parts of the problem that had yet to be studied. The CNPF was an institutional platform for the exchange of information and opinions in the field of drug use and addiction, and implemented one approach towards drug use.

The second crucial organization formed and funded by the SSA was the CEMEF, formed in 1972 by Guido Belsasso. It was the first institution created to develop epidemiological, biological, and clinical research to study the use and abuse of addictive substances in Mexico. Its purpose was to maintain a continuous flow of scientific data to the authorities at the highest level, who then decided the corresponding state and individual actions.²⁴ In addition to the institutions mentioned above that made up the CNPF, in 1972 the Federal District Attorney's Office (which

²³ "Farmacodependencia: Información para los médicos del país," *Consejo Nacional de Problemas en Farmacodependencia* Publicación Técnica 4 (1972), 3.

²⁴ Guido Belsasso, "Coordinación para la prevención del abuso de drogas en México," Trabajo leído en Conferencia Internacional sobre Alcoholismo y Abuso de Drogas, Centro Mexicano de Estudios en Farmacodependencia, 1973-1974, Secretaría de Salubridad y Asistencia, Secretaría Particular, Caja 277, Exp. 3

was not in charge of *delitos contra la salud*), and the National Institute of Mexican Youth were added to the roster. The CEMEF aimed to expand their epidemiological and social research.²⁵

The CEMEF widely understood that people under the influence of drugs were unpredictable: they panicked, grew confused, had anxiety, and were depressed. The CEMEF conducted household surveys, student population surveys, and studies of high-risk groups to understand the issue further.²⁶ The principal functions of the CEMEF involved acting as an advisory board for the Federal Executive, on planning, programming supervising, coordinating, orientating, promoting, and evaluating activities related to drugs that cause addiction on a national level. The CEMEF was to prepare, promote, and evaluate information for the public related to the problem of drug abuse and use it in preventative campaigns. The CEMEF also promoted communication and coordination between national and foreign research institutes to further scientific and technical interchange in related areas. The CEMEF gathered data and information from studies in Mexico and abroad. The CEMEF proposed methods to prevent drug addiction, alcoholism, addiction to nicotine and other drugs, and to treat and rehabilitate abusers.

The CEMEF and its role of understanding drug use and addiction was successful enough to continue in operation to this day. In 1978, the CEMEF changed its name to the Instituto Mexicano de Psiquiatría (National Institute of Psychiatry), and in 2000 the Instituto Nacional de Psiquiatría Ramón de la Fuente Muñoz (National Institute of Psychiatry Ramón de la Fuente Muñoz). CEMEF's goals changed, and while they still conduct research, it now focuses on mental

²⁵ Dr. Francisco Alarcón Navarro, Jorge Miranda, and Nicolás Pérez Ramírez, "Drogadicción," 1971-1973, Secretaría de Salubridad y Asistencia, Secretaría Particular, Caja 245, Exp. 1.

²⁶ M. E. Castro and M. Valencia, "Consumo de drogas en México: patrones de uso en la población escolar," *Salud Pública de México*, vol. 21, No. 5 (1978), pp. 585-590; H. Leal and others, "Naturalistic study of the phenomenon of inhalant use in a group of children in Mexico City," *Voluntary Inhalation of Industrial Solvents*, C. W. Sharp and L. T. Carroll, eds. (Rockville, Maryland, National Institute on Drug Abuse, 1978): 95-108; M. E. Medina-Mora, "Prevalencia del consumo de drogas en algunas ciudades de la República Mexicana: encuestas de hogares, enseñanza e investigación," *Psicología*, vol. IV, No. 7 (1978): 111-125.

health issues more generally. By the mid-to-late 1970s, psychiatry and psychology played a more prominent and significant role in the understanding of various social issues, like drug use. Psychiatry had social use in drug treatment and research. CEMEF coordinated studies and surveys on mental health issues (drug or non-drug related) for other governmental institutions. They also organized courses and seminars on preventative, therapeutic, and rehabilitative mental health for professionals, social workers, and students. They had an information center for all mental health queries. Finally, they published the results of studies conducted as well as pamphlets about mental health problems.²⁷

During the early 1970s, there was an emphasis on developing large-scale high-technology hospitals and medical centers throughout the nation. The Echeverría Presidency (1970-1976) espoused programs which had wide-reaching implications for improving community health care.²⁸ These included the creation of child-care institutions and general-purpose community development agencies which educated about nutrition, health, and immunization campaigns.²⁹ From the government's perspective, these institutions were relatively cheap, offered flexibility to respond to specific crises, and reinforced the notion that significant action was being taken to help the underprivileged. However, many of these new centers were not located in the communities that most needed them. In 1965, rapid suburbanization of low-income settlements had already been underway for two decades. There was minimal provision of health centers within easy reach of these poorer districts. Most medical services were located near middle-class neighborhoods, and a

²⁷ "Fue creado el Centro Mexicano de Estudios de Salud Mental," *El Nacional* 22 July 1978, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo.

²⁸ For more, see Peter Ward, *Welfare Politics in Mexico: Papering Over the Cracks* (London: Allen & Unwin, 1986).

²⁹ Peter Ward, *Mexico City* (New York: John Wiley & Sons Ltd, 1998), 209. See also David López Acuña, *La salud desigual en México* (México: Siglo XXI Press, 1980).

few around the city center. It was not until the late 1970s that the SSA began reorganizing some of its facilities to extend them into poorer neighborhoods.

The rise in drug use helped to form the CIJ in 1969. Social initiatives against drug consumption counter scholarship that assumes that most people did not see drug use as a problem and that it was the state that wanted criminalization.³⁰ The creation of the CIJ alerted medical and health authorities to the need for specific drug use institutions. As a result, the SSA helped, funded, and then absorbed the CIJ. The SSA also created the CNPF in 1971 to help different government agencies collaborate, communicate, and share the various programs that each institution was conducting. Finally, the SSA formed the CEMEF in 1972; a branch aimed at providing research and information on drug use, in order to then implement prevention, treatment, and rehabilitation programs. The following section examines the various prevention methods the CIJ, CNPF, CEMEF and other government institutions used towards battling the rise in drug use and drug addiction.

Prevention, Treatment and Rehabilitation Programs

In an effort to battle drug use among minors, the SSA offered prevention methods to all minors. The SSA allocated the responsibility of prevention to other government agencies, like the ISSSTE, Departamento del Distrito Federal (Department of the Federal District), CIJ, CEMEF, CNPF, Secretaría de Educación Pública (Secretary of Public Education), and Procuraduría General de la República (Attorney General's Office).³¹ The SSA's preventative measures focused on

³⁰ See for example Froylán Enciso, "Régimen global de prohibición, actores criminalizados y la cultura del narcotráfico en México durante la década de 1970," *Foro Internacional* Vol. 49 No. 2 (Verano 2009): 595-637.

³¹ In terms of private institutions that dealt with drug use, there were probably some, but during my research, I have not come across a single one of significance for this period. The CIJ, which I discuss further in this chapter, began as a private organization but did so well, that the SSA later incorporated. Church groups may have been another type to deal with such issues, but that is a topic for a future investigation.

education programs for the community, like doctors, teachers, priests, parents, and students; it also focused on identifying drug use cases early on so that the user could be treated. Notably, the SSA stated that treatment methods "must resolve the personal problem of the individual, especially if it expressed in 'psychopathological terms.'"³² The term "psychopathological" referred to violent behavior that specialists often attributed to minors who abused drugs. Health specialists within the SSA blamed drug use and addiction on existing psychological and social issues that led minors to use drugs. They also blamed the use of drugs for medical trauma, like brain and liver damage, that resulted from substance abuse. This interpretation contradicts the premise of drug use as a punishable choice, which was the view of the legal community.

The CIJ facilitated more specific prevention and treatment programs, with their main preventative program focused on health education. The CIJ's central premise of promoting healthy lifestyles drove the policies of their preventative program. The CIJ focused on the conservation and advancement of individual health; keeping non-users from using and saw addiction as a treatable ailment. The CIJ believed in helping minors through the integration of different social sectors that in turn fostered their sense of responsibility. The CIJ had three types of prevention programs, geared towards children, adolescents, and adults, and implemented in different environments like school, family, and community, where they would disseminate the information in these environments.³³

Each prevention program incorporated individual developmental dynamics to improve self-esteem, assertiveness, school attachment, stress coping mechanisms, and social skills.

³² Dirección de Salud Mental, Dirección de Educación Higiénica, y Secretaría de Salubridad y Asistencia, "El Problema de dependencia a drogas y el médico," 1967-1973, Enfermedades, Secretaría de Salud, Subsecretario de Asistencia, Caja 122, Exp. 3.

³³ Centros de Integración Juvenil, *Una respuesta integral al fenómeno de la farmacodependencia* (México: Centros de Integración Juvenil, A.C., 1982), 53.

Prevention programs and services that focused on these factors were usually conducted as seminars, conferences, or reading groups. The CIJ advocated that children and adolescents would require confidence, assertiveness, and stress coping with developing social skills to stay away from drugs. The CIJ's prevention and treatment philosophy reflected a focus on individualized psychological explanations of drug addiction, seen as a treatable mental illness.

The CIJ was the most involved institution for providing treatment and rehabilitation for drug users and addicts in the 1970s. The CIJ focused on treatment and rehabilitation programs. The first step in treatment was for an individual to have an external consultation in order to examine the individual's environment, and the second step was private services or hospitalization if required by the consultation.³⁴ Each step focused on the holistic health of the individual. Patients who obtained treatment on a regular basis at the CIJ but who were not interned full time in their facilities were outpatients. Outpatients received external consultation which focused on various diagnostic, therapeutic, and rehabilitative actions. It created a treatment plan for the drug user, and incorporated their family, and those in the community able to help. Responsibility of helping them recover was conferred to family and community, and not doctors, because drug abuse was seen in part as a result of an individual's environment. It also offered provided specialized treatment for drug users within their environment, and facilitated providing services that the drug user could receive as part of their treatment plan.

The CIJ offered physical treatment centers that specialized in the detoxifying drug users and addicts that required this type of treatment. Patients were required to stay in the centers until the medical professionals at the CIJ discharged them. The CIJ also provided inpatients pharmaceutical assistance and instruction to control and deal with withdrawal symptoms. The CIJ

³⁴ Ibid., 62.

continues to operate 117 CIJ clinics throughout Mexico today as well as 12 specialized treatment and rehabilitation hospitals throughout the country.³⁵ It is the largest and most active, integrative, and complex organization in Mexico dealing with drug abuse.

The SSA had its own preventative, rehabilitative, and treatment programs for drug using minors. The SSA created an anti-drug campaign that required the participation of family and the community in keeping young Mexicans from drugs. The CNPF and the CEMEF, which fell under the jurisdiction of the SSA, were responsible for designing the majority of the programs that focused on educating health specialists, school teachers, and parents. One of their educational formats involved creating informational pamphlets. The pamphlet for parents suggested parents express their disapproval while maintaining open communication, and for heightened awareness and anxiety of drug use within the private sphere or the home.³⁶ The publication for teachers strove to create a rigorous surveillance system within Mexican schools, imploring teachers to keep a close eye on students for any suspicious behavior, and if detected, to report it to the appropriate authority. These teachers, the SSA promised, would save minors from the threat of addiction.³⁷

These campaigns were primarily focused on drug use that required an illegal substance. Inhalant users (those who abused toxic industrial chemicals by sniffing the chemical and becoming intoxicated by the fumes) were not always incorporated into efforts to combat youth drug use. For medical specialists, the pamphlets emphasized the effects of specific (and commonly abused) drugs. Marijuana, cocaine, and hallucinogens each had at least four different kinds of pamphlets, but there was only one pamphlet on the effects of sniffing or huffing toxic industrial chemicals.

³⁵ http://www.cij.gob.mx/QuienesSomos/que_es_cij.html. Accessed 19 June 2017.

³⁶ Rafael Velasco Fernández, “Información útil sobre el problema del abuso de las drogas que causan dependencia: información para los padres de familia,” 1967-1973, Enfermedades, Subsecretario de Asistencia, Secretaría de Salud, Caja 122, Exp. 3.

³⁷ Luís Antonio Gamiochipi Carbajal, “Folleto para los señores profesores,” 1971, Enfermedades, Subsecretario de Asistencia, Secretaría de Salud, Caja 122, Exp. 3.

For inhalant users, health specialists were advised to remove the “patient” from the physical temptation, either by confiscating their inhalant or advising them to avoid places where they could obtain and abuse an industrial chemical. The health specialists also advised the inhaler to change his or her activity. The language of the campaigns often emphasized more traditional drug traffickers, leaving inhalant users forgotten in these campaigns. For instance, the CEMEF used a variety of mediums - radio, television, newspapers, magazines, national cinema, and billboards - to spread a message about combating Mexican minors’ drug use.³⁸ The messages focused on “being good” by not doing drugs, rather than informing those listening and reading about the dangers of drug use. A few of the phrases used included the following:

“Young man, do not let the drug trafficker turn you into a slave.”³⁹

“Parents, protect your children against drugs, pay attention to them and their problems.”⁴⁰

“Drug use makes the individual [a] victim and [an] instrument of the drug trafficker[;] do not give in!”⁴¹

“The fight against drugs is the duty of every human being[.] [Y]our contribution is important[;] do not contribute to the enrichment of traffickers[.]”⁴² and

“Mexican, defend your integrity[;] do not give into to drug traffickers[!]” among others.⁴³

These messages linked the use of drugs to criminality, vice, issues with self-esteem and confidence, and physical and mental deterioration. These thematic associations offered only a biased and partial approach to the problem and did not provide information about other ways to

³⁸ CEMEF “Comité Ejecutivo para la prevención del uso de drogas y enervantes,” 22 septiembre 1972, Campaña Contra la Producción y Tráfico de Enervantes, 1972-1975, Secretaría de Salubridad y Asistencia, Secretaría Particular, Caja 267, Exp. 3.

³⁹ Secretaría General, Departamento del Distrito Federal México, enero 7 1972, Secretaría de Salud, Subsecretario de Asistencia, Caja 244, Exp. 2. Consejo Nacional de Problemas en Farmacodependencia.

⁴⁰ Ibid.

⁴¹ Ibid.

⁴² Ibid.

⁴³ Ibid.

avoid drugs. The inference was clear and universal for those delivering these messages: using drugs inevitably led to a life of vice. Notably, messages like these did not necessarily apply to inhalants because their legality meant there were no traffickers to hold accountable for a minor's use of drugs.⁴⁴

Specific programs to target and treat inhalant users did not emerge until 1976. The CEMEF and the National Institute for Drug Abuse organized the "First International Symposium on the Deliberate Inhalation of Industrial Solvents." Dr. Belsasso, a specialist in psychiatry and addiction and founder of the CEMEF, recognized that "awareness" of minors' drug use "among all social sectors" was the primary way to "combat the dependence of industrial solvents," specifically among industrial sectors and hardware store owners.⁴⁵ He argued for the continued surveillance of children and adolescents, calling on parents and teachers to not let minors go near toxic industrial chemicals, such as paint thinner, cement, and industrial glue. The CEMEF also proposed a program to help minors who had started by using illegal drugs but eventually escalated to inhaling the toxic fumes of industrial chemicals.⁴⁶

SSA treatment centers were more difficult to produce than prevention campaigns. Before the 1970s when there were few specialized treatment centers for drug users and addicts. The Manicomio General "*La Castañeda*" (General Asylum), founded in 1910, was a place that authorities sent those who were addicted or abused drugs. "*La Castañeda*" was established as a hospital and an asylum for the psychiatric care of all people with a mental health condition. The Hospital Federal de Toxicómanos (Federal Hospital for Drug Addicts), the first of its kind to treat

⁴⁴ Evidence for campaigns in school and popular media to bring awareness to the dangers of inhalant use was non-existent for this period and I did not find any in the archives. I suspect these programs were created in the 1980s.

⁴⁵ Miguel Segundo González, "La concientización, base fundamental para combatir la farmacodependencia," *El Nacional*, 23 June 1976.

⁴⁶ Ibid.

drug use and addiction, was founded in 1933 as an extension to “*La Castañeda*.”⁴⁷ It used the framework of mental illness to create a medical vision for addiction and drug abuse treatment.⁴⁸ The doctors and medical professionals at the asylum considered the drug users who were admitted to be insane, and as insane patients, psychiatric treatment was required. The idea that drug users were clinically insane and lacked all control over their impulses and actions led to the detainment of drug users in the asylum. This idea was supported by the doctors and medical staff who treated them, and by the law enforcement officers who arrested them. This approach towards addicts and drug abusers resulted in their stigmatization. The asylum was primarily in charge of detoxifying individuals and did not succeed in rehabilitating its patients, as many of the patients were arrested and sent to the asylum on several occasions.⁴⁹ The asylum is remembered for its unsanitary and abusive conditions in treating drug addicted individuals.

In 1968, President Gustavo Díaz Ordaz (1964-1970) gave the order to demolish the asylum in “*Operation La Castañeda*,” the governmental name given to the demolition of “*La Castañeda*.” The asylum relocated its 3,500 patients into six new psychiatric hospitals.⁵⁰ Psychiatric hospitals

⁴⁷ Ricardo Pérez Montfort, *Tolerancia y Prohibición: Aproximaciones a la historia social y cultural de las drogas en México 1840-1940* (México: Debate, 2016). See also José Luis Pérez González, “Toxicomanías,” in Andrés Ríos Molina et al. *Los pacientes del Manicomio La Castañeda y sus diagnósticos. Una historia de la clínica psiquiátrica en México, 1910-1968* (México: Instituto de Investigaciones Históricas, 2017): 373-410.

⁴⁸ For more on treatment versus punishment see Caroline Jean Acker, *Creating the American Junkie: Addiction Research in the Classic Era of Narcotic Control* (Baltimore: Johns Hopkins University Press, 2002); Rae Banks “African American Mothers’ Substance Abuse: Punishment over Treatment?” *SIECUS Report* Vol. 30 No. 3 (February 2002): 26; Suzanne Fraser and David Moore eds., *The Drug Effect: Health Crime, and Society* (New York: Cambridge University Press, 2011); Jason Edwin Glenn, “Medicalizing Addictions, Criminalizing Addicts: Race, Politics and Profit in Narratives of Addiction,” (PhD Dissertation, Harvard University, 2005); Sylvia Mignon, *Substance Abuse Treatment: Options, Challenges, and Effectiveness* (New York: Springer Publishing Company, 2015); Jennifer Murphy, *Illness or Deviance? Drug Courts, Drug Treatment, and the Ambiguity of Addiction* (Philadelphia: Temple University Press, 2015); Barbara Sims eds., *Substance Abuse Treatment with Correctional Clients* (New York: Haworth Press, 2005); David Springer and Allen Rubin eds., *Substance Abuse Treatment for Youth and Adults* (Hoboken: John Wiley & Sons, 2009); Sarah W. Tracy and Caroline Jean Acker eds., *Altering the American Consciousness: The History of Drugs and Alcohol in the United States, 1800-2000* (Amherst: University of Massachusetts Press, 2004).

⁴⁹ Cristina Rivera Garza *La Castañeda: narrativas dolientes desde el Manicomio General México 1910-1930* (México: Tusquets Editores, 2010).

⁵⁰ Including the Hospital Psiquiátrico Fray Bernardino and the Hospital de Psiquiátrico Infantil “Dr. Juan N. Navarro.”

took the place of penitentiary asylums that, like “*La Castañeda*,” were characterized by bars, locks, and coercive control. These new psychiatric hospitals did not have the draconian measures of the asylum.

The Mental Health Department, a subsidiary of the SSA and which was responsible for the administration of the new psychiatric hospitals, organized and structured educational programs related to the drug use in the psychiatric hospitals.⁵¹ In 1970, the doctors at the Hospital Psiquiátrico *Fray Bernardino* saw 369 drug related cases.⁵² In 1972, the SSA proposed the establishment of a pavilion exclusively for adolescents in Mexico City’s psychiatric hospital.⁵³ The need for specialized drug abuse treatment resulted in the Hospital Psiquiátrico *Fray Bernardino* creating a branch specifically for drug abusing minors.⁵⁴

The rise in drug use throughout the 1960s led to a demand on behalf of Mexican citizens, especially concerned parents, to address drug use among minors. The SSA focused on prevention through education to minors, teachers, and parents. Specialized drug treatment centers emerged in the early to mid-1970s. As I show in the next section, however, not all parents were satisfied with the options available to their children. For some parents, drug treatment centers were a form of social isolation, and so they found other ways to help their drug using minors.

⁵¹ These included El Centro de Salud “Dr. Manuel Cardenas de la Vega,” “Mexico-España,” “Margarita Chrome y Salazar,” “Dr. José Maria Rodríguez y Consultorio Num. 1 de la Dirección Asistencia Médica.”

⁵² Manuel Galán Jiménez, “Análisis socio-jurídico de estupefacientes y otras drogas peligrosas,” tesis de bachillerato, Universidad Nacional Autónoma de México, 1971, 113.

⁵³ Beyond internment rates, there is limited information available as to the inner workings of both the former hospitals, particularly concerning drug use and addiction.

⁵⁴ “Medidas que la Dirección de Salud Mental ha tomado en relación con el problema del abuso de drogas que causan dependencia,” septiembre 21 1972, *Programas y Planes de Trabajo Para Combatir el Uso de las Drogas 1971-1985*, Secretaría de Salubridad y Asistencia, Secretaría Particular, Caja 259, Exp. 2.

How did Mexicans Respond to Treatments the SSA Offered?

The success rate of treatment and rehabilitation centers run by the SSA is difficult to determine, as drug use continued to rise in Mexico City from the 1960s through today. Drug use and abuse was a social taboo in the 1960s and 1970s, and families with children who used drugs were frowned upon and stigmatized by their neighbors and society. Mexican parents, while virtually universally condemning their children's drug use, had a variety of responses regarding the treatment or rehabilitation options for their child. Informed by the socioeconomic background, drug using minors found their parents responses differed according to social class. Some parents were unwilling to take their children to a clinic or have them committed in hospitals for treatment, because of the social stigma of having a child who abused drugs.

Many in the poorer socioeconomic classes reverted to the Juvenile Court as the only possible agent of change for their child. Even upper and middle classes experienced ignorance and/or a lack of response when trying to treat their drug-using minor. However, upper and middle classes, especially women, feared for their children and wanted them to be treated at a hospital or medical center; they just did not always know what was available. The large marketing to all audiences did not seem to work as the SSA intended, and in the 1980s, mothers were driven to take matters into their own hands, no matter their social class.

An example of both the fear of social stigma and the class divide in response are the following four cases. The first two women were from the lower class and the other two from the middle class. As you will see, all four women were deeply troubled by access to treatment and did not want to taint their family with any stigma associated with drug use. Middle class women would often look for private hospitals or medical centers to treat their children. However, Mexico was just starting the private industry of drug rehabilitation, and its state-run institutions were difficult

for women of all classes to navigate. We will see their desperation as they appeal to all corners of state agencies, up to and including the First Lady of Mexico, in a futile attempt to find treatment for their child that would protect the family from stigma.

The first is the case study of Silvia (last names withheld for privacy).⁵⁵ As a widow with three children, she lived on the poorer end of the socioeconomic spectrum. One of her children, Ernesto, was a drug addict. Silvia was concerned about the type of reputation she and her son would have if she took him to a treatment center because she was “very afraid that he will not come back.”⁵⁶ She also feared that he would run away and be arrested, and then he would be unemployable and “marked for life.”⁵⁷ Silvia referred to public health clinics, and the fact that she did not mention private ones indicates that she either was not aware of these options or could not afford them. Silvia prayed a *novena* (a devotional type of prayer that is repeated for nine successive days), to Saint Martín de Porres because of his unique healing powers. Silvia had “faith that my son will get better,”⁵⁸ and her religious devotion was her response to the situation.

In another case study of lower socioeconomic responses to drug use, mother of twelve Antonieta had two sons, Geronimo and Juan, who smoked marijuana and sniffed glue. Sometimes she prayed to God that “the police would take Juan to teach him a lesson and listen to his mother.”⁵⁹ Geronimo, only nine-years-old, died from a glue sniffing overdose, and was found near his home in a ditch with another dead boy (who also died of an overdose).⁶⁰ Antonieta thought Geronimo’s death would be enough to keep Juan from continuing to use drugs. Antonieta’s reluctance to take Juan to a health clinic stemmed from her own negative experiences with health authorities. After

⁵⁵ Adela Fernández, *Las drogas ¿viaje sin retorno? (50 drogadictos relatan su experiencia)* (México, D.F.: Editorial Posada, S.A., 1973), 66.

⁵⁶ Ibid.

⁵⁷ Ibid.

⁵⁸ Ibid.

⁵⁹ Ibid., 117.

⁶⁰ Overdose from sniffing glue was possible as continuous sniffing sensitizes the heart and other organs.

her experiences, she stated, "Why would I trust the authorities?"⁶¹ Antonieta believed that the health authorities would take her son to the police.⁶² For the lower socioeconomic classes, mixed feelings about trusting hospitals or health centers, police, and medical authorities in general were common, and these mixed feelings stemmed from negative experiences like those had by Antoineta and a fear that their child would somehow be seized and not return home.

Other parents reached out to the authorities for help with their drug using child. By the 1980s, some parents felt that the centers, clinics, organizations, and hospitals were not enough for their children because they did not seem to adequately address drug use among minors. Concerns about caring for adolescents who used drugs led some anxious parents to reach out to authorities and ask for proper or better treatment.

In 1985, a middle-class mother named Graciela Canchola Montalvo wrote to First Lady, Paloma Cordero de la Madrid (1982-1988) about her fifteen-year-old son, Patricio, who had "taken the habit of smoking marijuana and getting high with glue and pills."⁶³ This mother requested the First Lady's "very kind help in any way" she was able.⁶⁴ Graciela asked for a recommendation of a private treatment center, where Patricio would be far away from his friends who only encouraged his habits. Graciela went on to explain that she had already taken Patricio to a CIJ center where he was not "cured," as well as to the Juvenile Court on the basis of "irregular conduct," but the authorities turned him away. It is not clear from the letter if Patricio stayed the recommended time and completed the courses required for treatment at the CIJ, or why the authorities turned him

⁶¹ Fernández, *Las drogas ¿viaje sin retorno?*, 177.

⁶² Ibid.

⁶³ Graciela Conchola Montalvo, "Letter to Paloma Cordero de la Madrid, Casa Presidencial de los Pinos," 19 abril 1985, Toxicómanos, Secretaría de Salubridad y Asistencia, Secretaría Particular, Caja 114, Exp. 1.

⁶⁴ Ibid.

away from the Juvenile Court. Patricio was admitted to the psychiatric *Hospital Campestre*. Whether the First Lady helped Graciela with Patricio's admission and/or treatment is unclear.

Elda López Mendoza wrote directly to President Miguel de la Madrid (1982-1988) about her son, Manuel. After socializing with kids his age who smoked marijuana, "now he smokes it too, and he also sniffs glue."⁶⁵ Elda declared that when she found out about his "vice," she immediately took him to a psychiatric hospital. However, Elda was unable to pay the \$2,500 peso fee per psychiatric visit to maintain his treatment. Elda asked the President to cover the costs of his treatment. She also implored him to place Manuel somewhere where he could not escape so that he could have the opportunity to receive the treatment that he needed. The SSA responded to Elda, notifying her that Manuel would be committed to the city's children's psychiatric hospital, and subsequently treated through outpatient service.

These types of letters were not uncommon at the time. Desperation over their child's drug use led parents to seek extraordinary measures. The letters indicate that the knowledge about centers like the CIJ was not widely known despite the campaigns of prevention the SSA put into place. In all letters examined, the mothers discuss sending their children to one of the psychiatric hospitals. Another letter asked the First Lady to place a drug using son in the military so that he could be "disciplined and useful to the nation."⁶⁶ The letters demonstrate distress over drug use and how to give their children proper treatment.

Many of the SSA and CIJ drug treatment centers, which were intended to serve children of all social classes, were not accessible to poor children because parents could not reproduce the successes of medical care regimens that doctors recommended to their well-to-do patients. This

⁶⁵ Elda López Mendoza, "Letter to Miguel de la Madrid Hurtado Presidente de la República," 6 agosto 1985, Toxicómanos, Secretaría de Salubridad y Asistencia, Secretaría Particular, Caja 114, Exp. 1.

⁶⁶ Norma García Alfonso, "Letter to Paloma Cordero de la Madrid, Casa Presidencial de los Pinos," 29 marzo 1986, Toxicómanos, Secretaría de Salubridad y Asistencia, Secretaría Particular, Caja 114, Exp. 1.

was because lower-class parents could not supervise their children due to work constraints, or afford the medications recommended. The letters and stories that families shared above all point to an inability to correctly use the agencies and services provided, and a hysterical reaction from all levels of society. While some mothers felt that what the state provided was not enough, others felt that sending their children there would do them more harm than good, and as a result, I have not a single example of these children being treated by these agencies.

Private institutions that treated drug users did not emerge until the 1980s.⁶⁷ The majority of SSA and CIJ records refer generally to drug abuse, and sometimes mention specific drugs. When they do, these records reflect treatments to drug using minors who abused marijuana and barbiturates, but it does not record treatments on toxic inhalants. In discussions on how to formulate prevention, treatment, and rehabilitation programs, inhalant users are rarely mentioned. While inhalant users were often the subject of many epidemiological studies that lent urgency to institutions to provide treatment programs, yet not prioritized for prevention, treatment, or rehabilitation strategies.

Penal Responsibility towards Drug Users: The Criminal Side

Changes to public welfare policies helped the Juvenile Court become an important point of interaction between Mexican families and the state by the 1960s and 1970s.⁶⁸ Specifically, the

⁶⁷ For instance, the Consejo Nacional Contra las Adicciones was formed in 1986; Fundación Azteca Programa Vive sin Drogas was formed in 1998; Fundación Casa Alizana Mexico, I.A.P. was formed in 1988; Juventud Luz y Esperanza I.A.P. was formed in 1985.

⁶⁸ The following scholarship shows the new regime since the 1940s, however, very few of these deal with youths and none of them address drugs. See Claudia Agostoni, *Monuments of Progress: Modernization and Public Health in Mexico* (Alberta: University of Calgary Press, 2003); Ernesto Aréchiga Córdova “Educación, propaganda, o ‘dictadura sanitaria’: Estrategias discursivas de higiene y salubridad públicas en el México posrevolucionario, 1917-1945,” *Estudios de Historia Moderna y Contemporánea de México* Vol. 33 (2007): 57-88; Helga Baitenmann, Victoria Chenaut, and Ann Varley eds., *Decoding Gender: Law and Practice in Contemporary Mexico* (New Brunswick: Rutgers University press, 2007); Ann Blum, *Domestic Economies: Family, Work and Welfare in Mexico City, 1884-1943* (Lincoln: University of Nebraska Press, 2010); “Creación y planta de la dirección de beneficencia pública,”

1943 Social Security Law defined children as dependents of their parents or guardians, while further defining the shared responsibility between parents and the state to provide for children's support. As a result, the Mexican state engaged with its citizens in unique ways. One of these points of interaction was through the implementation of *delitos contra la salud* (crimes against health). An examination of the Juvenile Court helps to reveal how the law with regards to drug use was applied to minors.

One method to view the application of *delitos contra la salud* was the type of treatment given to drug users in the Juvenile Court. The state decided on the type of treatment and/or punishment meted to drug users by drug type, particularly marijuana and industrial chemicals. I use the sample Juvenile Court cases to illuminate how drug users were treated. As discussed in Chapter Two, the sample Juvenile Court data takes into account all documented drug users, regardless of delinquency accused. In general, drug users detained in the Juvenile Court were mistreated by the police and court authorities. When it came to following the established legal protocol for drug users, authorities did not follow it for either marijuana smokers or toxic industrial chemical inhalers. Instead, the police were known for their corruption, and often followed their own interests.

There was one key difference between drug users of different drugs. Even without legislation criminalizing their behavior of drug abuse of toxic industrial chemicals, inhalant users were regularly arrested by the police for drug abuse. As I show below, by the mid 1960s, inhalant users were more likely arrested or detained by the police, and detained and prosecuted by the

José Álvarez Amézquita, Miguel E. Bustamante, Antonio López Picazos, and Francisco Fernández del Castillo eds., *Historia de la salubridad y de la asistencia en México*, (México: Secretaría de Salubridad y Asistencia, 1960): 430-34; Elsa C. Frost *El trabajo y los trabajadores en la historia de México* (México: Colegio de México, 1979); Barbara Potthast and Sandra Carreras eds., *Entre la familia, la sociedad y el estado: Niños y jóvenes en América Latina (siglos XIX-XX)* (Madrid: Iberoamericana, 2005); Peter Ward, *Welfare Politics in Mexico: Papering Over the Cracks* (London: Allen & Unwin, 1986).

Court. Minors were brought before the Mexican Juvenile Court, even though inhaling toxic industrial chemicals was not illegal. These missteps, similarities, and differences of treatment towards drug using minors are vital to understanding the Juvenile Court and its impact on Mexican drug using minors.

The first Tribunal para Menores (Juvenile Court) was founded in 1926 and received its first arrested minors in 1927 as part of an effort to protect and aid minors, and would later add correction, reform, and rehabilitation of minor delinquents to its focus. It was designed initially to protect and assist orphaned and abandoned minors by giving them a place to go. It also provided minors with separate protection and consideration from adult offenders by housing them with other minors in a juvenile delinquent center rather than a prison that catered mostly to adult criminals. Founded on the understanding that minors were not fully responsible for their actions due to their ongoing intellectual, emotional, and physical development, the Court viewed minor criminality as a result of corrupting influences.⁶⁹

In the 1930s, the Juvenile Court created the Center for Observation, a laboratory contained within the Court for the study of youth hormonal systems, blood analyses, mental hygiene, and intelligence. These tests complemented the state's effort to build good, sober, productive Mexican youth.⁷⁰ The center and the tests conducted were a crucial aspect in determining the outcome of a minor's case, and lasted well into the 1970s. The Juvenile Court's Center for Observation became an important site for information gathering about Mexican minors. Mexican physician Alfredo Saavedra argued that the social scientists of the Court were "linked with the state in the fight for the betterment of the poor classes," and that the state "should feel compelled to save and protect

⁶⁹ José Angel Cenicerros and Luis Garrido, *La delincuencia infantil en México* (México: Ediciones Botas, 1936).

⁷⁰ For an analysis of the role of eugenics in the Juvenile Court see Shari Orsich, "For the Creation of Strong Children, Beautiful and Intelligent:" Eugenics, Youth, and the Nation in Post-Revolutionary Mexico City," *The Latin Americanist* Vol. 62, No. 3 (September 2018): 414 – 432.

children from bad inheritance.”⁷¹ Caseworkers, doctors, and psychologists observed and tested minors to determine their physical and mental capabilities; education level; as well as gathering information on the family life of each minor. Together, these experts compiled a social profile of the minor, focusing on family and social environment, genetic and pathological history, personality analysis, and intelligence scores (see appendix II for a sample case of this process and social investigation).

Experts’ voices were an integral part of building a minor’s case. Caseworkers passed judgments by using the experts’ investigations into the morality, health, and proper class behavior of these minors, and by extension, their families. Social workers also recorded their own opinions regarding the minor’s social environment, visiting their neighborhoods, and determining if the area was “surrounded by *vicio*” (vice) and *malvivientes* (bad people). Caseworkers evaluated a minor’s family to see if they met the criteria of “honorable,” “harmonious,” and “*urbanizado*” (urbanized).⁷² Experts searched and gathered information concerning the formation of juvenile delinquency, defined what was “normal” behavior among youths, shaped understandings of social difference, and aimed at building a productive citizenry.

The Juvenile Court intended to provide a program of reform and social re-integration, tailored to the intellectual and physical development of adolescents. The Court had a strict set of steps that were followed by caseworkers and judges alike (to see a sample of a cases and the paper trail of this process, see appendix II). It is important to note that these steps were not always followed. In the case of drug users, physicians that were meant to test users for addiction were not called.

⁷¹ Alfredo M. Saavedra, *Eugenesis y Medicina Social* (México: Imprenta Universitarios, 1934), 10-18, 31-33. Through studies conducted in the Juvenile Court, Mexican specialists claimed to identify causes of degeneration and biological markers that led to delinquency.

⁷² Terms often used by social workers in a minor’s case.

In general, when the police came across a delinquent minor, they were to arrest the minor and take them to the Ministerio Público (Public Prosecutors Office), where officials documented details of the occurrence while notifying the Juvenile Court. Once the details were documented, the minor was transferred to the Juvenile Court.⁷³ At the Juvenile Court, a caseworker was assigned to a minor's case to conduct a biopsychological and interdisciplinary study on the minor.⁷⁴ This included acquiring details on the accused delinquency from the minor and any witnesses. In addition, caseworkers interviewed the minor for details on their family life, such as family income, monthly rent, neighborhood, what kind of home they lived in, family size, education level, religion, and extracurricular activities (which included activities like going to the movies, accounting for minors who did not attend school).⁷⁵ Medical tests, educational aptitude exams, and psychological tests were also conducted. The caseworker wrote a summary of the studies once these were finalized. The Juvenile Court had fourteen days to conduct these studies, write summaries, and publish a final resolution or outcome on the minor's case.

When drug use was involved in the crime, the process with the police and the Juvenile Court varied. According to the established drug laws, the police were to take any arrested drug-using minor directly to the Juvenile Court.⁷⁶ Upon arrival, court authorities were to call a physician

⁷³ For more on the process and function of the Juvenile Court see Elena Azaola Garrido, *Los niños de la correccional: fragmentos de vida* (México: Centro de Investigaciones y Estudios Superiores en Antropología Social, 1993); Roberto Avila Ornelas, "Menores Infractores: Los diferentes tipos de tratamiento," (Tesis de maestría, Universidad Nacional Autónoma de México, 2001); Lino Rodríguez Flores, "El menor ante el procedimiento penal," (Tesis de maestría, Universidad Nacional Autónoma de México, 1999); Martha Hernández Sánchez, "El nuevo tratamiento a los menores infractores en México, a la luz de la nueva ley que regula a los delincuentes," (Tesis de maestría, Universidad Nacional Autónoma de México, 1992); Roberto Tocaven, *Menores infractores* (México: Editorial Edicol, S.A., 1975).

⁷⁴ For more on the role of the caseworker during this period see Lucylvia Margarita Esquivel Muñoz, "El trabajo social el Consejo Tutelar para Menores Infractores en el Distrito Federal," (Tesis de maestría, Universidad Nacional Autónoma de México, 1976).

⁷⁵ For more on family factors see Sergio C.E. Ochoa Alvarez y Mario Alberto Patiño Ramirez, "Factores familiares e individuales característicos de los menores infractores en el Distrito Federal," (Tesis de licenciado, Universidad Nacional Autónoma de México, 1981).

⁷⁶ This was the case for all drug using individuals, in this case I explain the process for minors. See "Como debe procederse con el uso de drogas enervantes," *El Nacional*, 11 de noviembre 1932; Advisory Committee on Traffic in Opium and Other Dangerous Drugs, "Mexican Draft Regulations for the Treatment of Addicts," *Opium and Other*

to test the minor for drug addiction.⁷⁷ If the physician diagnosed that the minor was on drugs or under threat of addiction, minors were to be taken to a treatment center.

However, Juvenile Court cases reveal that police did not always take minors to the Juvenile Court straightaway, as they took liberties such as beating and extorting minors or sending them to adult prisons. Caseworkers who were responsible for the outcome of the minor's case, did not call physicians to test minors, but instead processed them as delinquents.⁷⁸ Few of the detained drug using minors, most of whom were inhalant users, were sent to SSA institutions for treatment. The Juvenile Court was unable to solve many drug related dilemmas, demonstrating the limits to social reform initiatives and the application of drug laws. No arrested minor had access to drug treatment, as it was all part of the SSA and not the Juvenile Court. The corruption of the police and social caseworkers ensured that they would remain untreated as long as they were in the Juvenile Court system.

Data collected for the sample Juvenile Court cases between 1960 and 1975 illustrates the prominence of minors who were arrested for inhaling toxic industrial chemicals (see table 6 in appendix I for data). Because there was no law against inhaling toxic industrial fumes, there was no legal grounds for the arrest of minors who were caught in the act. Since most of these minors were from a poor socioeconomic background and illegally arrested, there is an indication that this was part of larger discriminatory practices against lower-class families and minors.⁷⁹

Dangerous Drugs 11, no. 4: 3–4; Departamento de Salubridad Pública, “Reglamento Federal de Toxicomanías,” *Diario Oficial de la Federación*, 27 de octubre 1931; and *Diario Oficial de la Federación*, 17 de febrero de 1940.

⁷⁷ It is not clear how drug addiction was tested.

⁷⁸ It is not clear why caseworkers failed to call on physicians. My speculation is that it saved caseworkers the hassle of more paperwork.

⁷⁹ See Lila Caimari, *Apenas un delincuente: Crimen, castigo y cultura en la Argentina, 1880-1955* 1. ed. Colección Historia Y Cultura 8 (Buenos Aires: Siglo Veintiuno Editores Argentina, 2004); Amy Chazkel *Laws of Chance: Brazil's Clandestine Lottery and the Making of Urban Public Life* (Durham: Duke University Press, 2011); Brodwyn Fischer, *A Poverty of Rights: Citizenship and Inequality in Twentieth-Century Rio* (Stanford: Stanford University Press, 2008); Shari Orisich, “What ‘Difference’ does a Camera Make? Crime, Youth, and Representation in mid-century Mexico City,” *Journal of Latin American Cultural Studies* Vol. 27 No. 2 (April 2018): 231–251 and Shari

Socioeconomic elites and the urban middle-class conflated criminality with lower-income families, and equated the causes of delinquency in the “degenerative” traits of the poor, as discussed in Chapter One and Chapter Three.

The classifications that the police and Juvenile Court used to process minors illuminates how state agencies and drug users interacted and a propensity to punish lower socioeconomic minors more severely than their richer counterparts. As a reminder, there was an overall increase in drug related arrests between 1960 and 1975 (see table 1 and 2 in appendix I for data). Out of the 3,078 sample Juvenile Court cases, 1,042 minors were documented as drug users (see table 5 the appendix I for data). Caseworkers recorded 689 cases that involved the inhalation of industrial chemicals, regardless of the offense for which the minor was accused.

Between 1960 and 1975, 412 of the total 1,042 cases were classified explicitly as *delitos contra la salud* (crimes against health). Sometimes the caseworkers used “smoking marijuana,” “*cementero* (glue user),” “inhalation,” and “drug addict” (see tables 3 and 4 in appendix I for data) instead of “*delitos contra la salud*.”⁸⁰ The police arrested inhalant using minors under many varying classifications. These included: “inhalation” 36 percent, “intoxication” 32 percent, “*delitos contra la salud*” 28 percent, “*cementero*” (glue sniffer) 2 percent, and “drug addict” 2 percent. The data exposes the variations in classifications for industrial chemicals, and therefore, the prominence of their use. A majority of minors were arrested for “inhalation” and not “*delitos*

Orisich, “The Crucible of Youth: Juvenile Delinquency and the Making of Modern Mexico, 1938-1968 (PhD dissertation, University of Maryland, 2012); Pablo Piccato, *City of Suspects: Crime in Mexico City 1900- 1931* (Durham: Duke University Press, 2011) and *A History of Infamy: Crime, Truth and Justice in Mexico* (Oakland: University of California Press, 2017).

⁸⁰ It is unclear whether the classifications were assigned by the social worker assigned to the minor’s case or by the policemen who took the minor to Juvenile Court as there is no reference to this in the penal code or in the code of procedures. The only procedure outlined was how to proceed with drug users. Poder Ejecutivo “Decreto que reforma los Artículos 15,85, 193, 194, 195, 196, 197, 198, 199, 201, 306, 309 y 387 en el Código Penal para el Distrito y Territorios Federales en materia de Fuero Común y para toda la República en materia de Fuero Federal,” *Diario Oficial de la Federación*, 8 March 1968. http://www.diputados.gob.mx/LeyesBiblio/ref/cpf/CPF_ref26_08mar68_ima.pdf accessed 30 May 2018.

contra la salud.” This indicates that the police and the Juvenile Court considered the very act of inhaling substances a practice worth criminalizing even though it was not a crime.

For marijuana users, the figures were slightly different. There were 476 cases in which the Juvenile Court recorded marijuana use, regardless of the crime accused. Twenty-two percent of these cases were marijuana related (see tables 3 and 4 in appendix I for data). The number of marijuana users that the police arrested with their corresponding classifications were the following: “*delitos contra la salud*” 80 percent, “intoxication” 17 percent, and “smoking marijuana” 3 percent. There were far more marijuana users arrested for “*delitos contra la salud*” than inhalant users; a logical outcome considering marijuana was illegal. Therefore, legal validity did not matter when it came to the number of arrests.

The previous figures demonstrate that there was more variation in classifying offenses on inhalants than with marijuana. Moreover, drug-specific crimes for inhalants were far more common than the drug-specific crimes of marijuana users. More importantly, the data exposes that the police and the Juvenile Court detained, arrested, and processed inhalant users far more than users of any other kind of drug.

The inhalation of toxic industrial chemicals and the arrest of minors who consumed them highlight a distinction between police and the law. As inhalants were not illegal, authorities still used their power to prosecute those who consumed them. Toxic industrial chemicals for their original intent – construction – did not shape the law, but abusers of toxic industrial chemicals inevitably shaped criminal application. Thus, the reason inhalant using minors were arrested more than marijuana users was because they came from a poorer socioeconomic class. Users were the targets of legislation and policy, but the drugs themselves were not.

Another way to examine the ways police and Juvenile Court exercised their power over citizens of different socioeconomic classes is to look at treatment or abuse of drug users. Considering the frequent presence of inhalant-using minors in the Juvenile Court, these minors were called before penal authorities more often than marijuana users. However, marijuana users also received mistreatment and abuse from the police. The sample Juvenile Court cases compiled for this study demonstrate the frequency of physical and sexual abuse, extortion, and mistreatment among the Mexican police, specifically towards minors.⁸¹ Out of the total of 3,078 Juvenile Court cases, there were eighty-one cases in which some type of mistreatment had occurred, inflicted by an authority figure. This figure probably would have been much higher if all minors reported mistreatment. Out of eighty-one cases where mistreatment caused by an authority figure was evident, fifty of these were drug-related cases. Furthermore, of those fifty drug-related cases where evidence of mistreatment was present, more than half were inhalant users. The data indicates that minors who had taken drugs or whom the police detained in the act of drug use experienced police mistreatment more frequently than non-drug related cases or users. The data also indicates that the police were more likely to mistreat inhalant users than marijuana users.⁸² This is in part because there were more inhalant users who entered the Juvenile Court than marijuana users.

⁸¹ Literature on police mistreatment towards minors in Latin America is often known, but not thoroughly written about. For some works on corruption in Latin America in general see Diane E. Davis, "Undermining the Rule of Law: Democratization and the Dark Side of Police Reform in Mexico," *Latin American Politics and Society* Vol. 48 No. 1 (April 2006): 55 – 86; José Miguel Cruz, "Police Misconduct and Political Legitimacy in Central America," *Journal of Latin American Studies* Vol. 47 No. 2 (May 2015): 251 – 283; Hugo Fruhling, Joseph Tulchin and Heather Golding eds., *Crime and Violence in Latin America. Citizens Security, Democracy and the State* (Washington D.C.: Johns Hopkins University Press, 2003); Ethan Nadelmann, "The DEA in Latin America Dealing with Institutionalized Corruption" *The Police Journal* Vol. 62 No. 1 (1989): 31 – 42; Daniel Sabet, "Corruption or Insecurity? Understanding Dissatisfaction with Mexico's Police," *Latin American Politics and Society* Vol. 55 No. 1 (April 2013): 22 – 45.

⁸² Work supporting mistreatment of inhalant using minors: Rafael Guitérrez y Leticia Vega, "Las interpretaciones, las practicas y las reacciones sociales del uso de solvents inhalables entre los llamados niños "de la calle,"" *Anales de Instituto Mexicano de Psiquiatría* (1995): 140-145; Raquel Alonso Lopez, *¡Nos deprecia porque somos pobres! Desarrollo de un estilo de vida en los espacios públicos: las bandas de niños de Garibaldi y Casa de Todos* (Tesis de doctorado, Universidad Nacional Autonoma de México, Facultad de Psicología, 1996).

While there were socioeconomic and arrest differences between inhalant and marijuana users, there were similarities in how they engaged with the police and the Juvenile Court. The data shows that the police punished drug users by mistreating and extorting them.⁸³ The police allegedly used violent tactics in an effort to control the drug problem. This involved physical abuse of arrested young people who were already in a vulnerable state because of their drug habits. The police sometimes used physical abuse against minors to get them to confess to crimes that, according to the minor, they did not commit.

It is a serious thing to accuse police of corruption and physical abuse, but the research indicates that the police committed these crimes. In 1972, Hugo, a seventeen-year-old toxic chemical inhalant user, was on his way to work when six undercover police officers dressed as civilians stopped him on the street.⁸⁴ They accused Hugo of stealing a medallion from a neighbor while under the influence of inhalants. Hugo denied the accusations, but the police officers did not believe him and took him to the Mexico City prison, *Cárcel del Carmen*. Once there, the prison authorities beat Hugo repeatedly for a week, and since he did not confess to the crime, the police transferred him to the Juvenile Court. According to the law, the police should have immediately taken Hugo to the Juvenile Court. Less than a year later, the police once again detained him. He was relaxing in the patio of the *vecindad* (tenement) where he lived when two police agents, who asked him if he knew someone named “Concha,” approached him. Hugo replied that he did not know this person. The police told him not to be a “wise-guy,” and began hitting him.⁸⁵ Hugo was not even aware of the crime the police were accusing him, but they took him to the Juvenile Court regardless. The caseworker assigned to Hugo's case documented that he

⁸³ Sample cases from Consejo Tutelar Para Menores Infractores, Archivo General de la Nación.

⁸⁴ Consejo Tutelar Para Menores Infractores, Caja 2187 Exp. 150380, Archivo General de la Nación. Hereafter, simply CTPMI.

⁸⁵ CTPMI, Caja 2187 Exp. 150380, Archivo General de la Nación.

continued to deny the crime (stealing), and since the court was unable to prove his involvement, they released him.

In 1973, thirteen-year old Gilberto was buying a Coca-Cola in his neighborhood store. His friend Alfonso approached him and gave him marijuana and glue. At this moment two Secret Service police (meant to only investigate high-profile cases) arrested them.⁸⁶ Gilberto recounted the events to the caseworker, declaring that the policemen “came out of nowhere,” threw him into a van, and started “beating him violently,” giving him “electric shocks.”⁸⁷ Gilberto also admitted that he chose only to sniff glue, doing so frequently. Gilberto’s friend, Alfonso, explained that the two policemen who arrested them gave him the marijuana to sell, but he already had the glue prior to the marijuana. Alfonso claimed that policemen targeted drug users so that they could extort minors who were found with drugs on them. Both boys argued that they were victims of police abuse and begged to be released from the Juvenile Court.

With the alleged abuse came extortion. In 1965, the Secret Service police arrested sixteen-year old Raul and his three friends for sniffing glue. Raul’s friend, Ricardo, worked in a shoe shop with his father, which facilitated his access to the substance. On the day of his arrest, Raul and Ricardo were getting ready to go to a party, and were gluing together the sole of Ricardo’s formal shoes. Raul and his three friends also sniffed some of this glue as part of their “preparations” for the event. On their way, with the bottle of glue in Raul’s hand, Secret Service agents got out of their car and detained them. In his testimony, Raul claimed that the agents demanded \$100 pesos each to release them.⁸⁸ Because they did not have any money on them and could not pay them, the

⁸⁶ The secret service police were an office within the police department charged with investigating high-profile crimes, usually homicides and large robberies. With time, the agency became synonymous with spying and political repression rather than detection. It also became associated with violence and abuse of power. It was dissolved in 1983. As an intelligence agency see Sergio Aguayo Quezada, *La charlota: Una historia de los servicios de inteligencia en México* (Mexico City: Grijalbo, 2001).

⁸⁷ CTPMI, Caja 2187 Exp. 150368, Archivo General de la Nación.

⁸⁸ CTPMI, Caja 1072 Exp. 115950, Archivo General de la Nación.

agents took the boys to the Juvenile Court on the basis of “inhalation.” The agents accused the minors of sniffing glue in full view of them, though Raul denied that. The Juvenile Court released the boys because Raul’s mother arrived and promised to take better care of her son.

José, a sixteen-year old marijuana user, had a similar extortion experience with the police. In 1967, Secret Service police surprised José and his friend walking back to his house.⁸⁹ The agents claimed that José was smoking marijuana. According to José, on the day of the events, he was walking with his friend when his friend stopped, needing to tie his shoe. The police arrived, cornered the boys and took the cigarette, claiming that it was marijuana. José asserted that the cigarette he was holding was tobacco. The agents told José and his friend their release was contingent on a bribe: paying the agents \$1,500 pesos. The agents escorted Jose and his friend to José’s house, where the police asked José’s mother for the money. José’s mother testified that her son lived an “honest life,” and “did not understand what the agents wanted.”⁹⁰ When José’s mother asked the police why they wanted money, the police explained that José was smoking marijuana, and if she gave them the money, the police would release José. José’s mother stated that she only had \$500 pesos and did not know “what marijuana was.” The police did not accept this and took José to the Juvenile Court. The file does not specify what happened to José’s friend.

Through the determination of the outcome of a minor’s case, drug using minors found ways to assert their agency. Court authorities were responsible for determining the outcome of a minor’s case. These specialists had a unique opportunity to: apply the law in the appropriate, legal manner, or to corrupt the legal process by changing arrest records, treatment protocols or plain corruption. They could illegally deny drug users treatment for their drug related afflictions and do so without impunity. In research gathered from the Juvenile Court between 1960-1975, 3,078 cases describe

⁸⁹ CTPMI, Caja 1166 Exp. 123412, Archivo General de la Nación.

⁹⁰ Ibid.

the outcome of the minor's legal plea. There were five possible outcomes for a minor when he came before the Juvenile Court:

1. The minor could be released to their families,
2. The minor could be interned in a correctional school (Escuela de Orientación or Escuela Hogar) or
3. A children's shelter (Hogar Colectivo)
4. The minor could be sent to a psychiatric hospital, or
5. The minor could be sent to a specialized drug treatment center.

The sample data indicates that minors also escaped the Juvenile Court, demonstrating that their only agency within these state systems was escape. From the total sample cases: 60 percent of minors who were detained in the Juvenile Court were released to their families; 33 percent were interned in a correctional school; 5 percent were taken to the children's shelters; 1 percent were taken to a psychiatric hospital; and 1 percent escaped.⁹¹

From the sample data, the figures change noticeably when looking at drug-specific cases. Fifty one percent of inhalant users were interned in a correctional school and 47 percent were released to their parents. As for drug variance, 53 percent of marijuana users were released to their parents and 40 percent were sent to correctional schools. Additionally, there were a dozen drug-related cases in which the minor was sent to a hospital, psychiatric center, or specialized drug treatment center, like the CIJ. In all of these dozen cases, the drug user had used marijuana. When court authorities did recommend minors be sent to treatment facilities, they did not provide the resources or the information to do so.⁹²

⁹¹ There were 36 cases in which the minor's outcome was not recorded at all.

⁹² This was also the case in the 1930s when the government started requiring mandatory treatment. Nidia Andrea Olvera Hernández, "Policías, toxicómanos y traficantes: control de las drogas en la Ciudad de México," (Tesis de maestría, Centro de Investigaciones y Estudios Superiores en Antropología Social, 2016).

Regardless of the outcome they were given, minors in the Juvenile Court perceived the whole system as one of punishment, not of correction, rehabilitation, and reintegration. In 1972, *El Día* newspaper depicted the lives of two twelve-year-old, inhalant-using boys living on their own, trying to make ends meet. When they were arrested and taken to the Juvenile Court, they described the “beatings they gave us in the correctional schools.”⁹³ The two boys said the police detained them and took them to the Juvenile Courts on numerous occasions, but that “it is so easy to escape, all you have to do is get over the three-meter wall.”⁹⁴ The boys said it was better to escape and live on the street because in the Juvenile Court “they treat us like animals.”⁹⁵ A 1981 interview with a sixteen-year-old boy interned in one of the Court’s correctional schools affirmed that the guards watched the sleeping children at night hit them “for anything we do.”⁹⁶ In 1988, *El Universal* newspaper confirmed such treatment in the correctional school, noting that in the Juvenile Court system, “children are treated like prisoners.”⁹⁷

The sample cases researched reinforce testimonies like these, but in some cases, it was the parents who turned their children over to the Court for rehabilitation. In 1968, his mother caught fifteen-year-old Javier when he was sniffing glue with his friends. She then took Javier to the Juvenile Court. She pleaded with the caseworker to intern Javier in one of the Court’s correctional schools to help him with his addiction. Javier's mother used the Juvenile Court system as a resource to help her son, arguing that she did not want her son “to be a bad child or become a bad citizen.”⁹⁸ Consequently, Javier was interned in a correctional school “until he [was] rehabilitated.”⁹⁹ Three

⁹³ Lorenzo Delfin Ruiz, “El thinner, los sueños que la vida les niega,” *El Día*, 1972, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo.

⁹⁴ Ibid.

⁹⁵ Ibid.

⁹⁶ “Padecen los menores el flagelo de un sistema cruel e injusto,” *El Día*, 3 May 1981, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo.

⁹⁷ “Desarrollo comunitario infantil asiste a mil 400 niños indigentes en el centro,” *El Universal* 4 February 1988, 14.

⁹⁸ CTMPI, Caja 1229 Exp. 128334, Archivo General de la Nación.

⁹⁹ Ibid.

months after his internment, Javier escaped, and continued sniffing glue at home. Javier's mother took him back to the Juvenile Court. In his testimony, Javier "realized" that he "misbehaved," but that he could "not stand being there" because they beat him "a lot," and even made him smoke marijuana.¹⁰⁰ The court inspector noted that Javier was "very fearful" to go back because of violent repercussions from the guards and teachers.¹⁰¹ Despite his fears, Javier was interned in the Court's correctional school for another year.

Javier's case demonstrates the limits of the Juvenile Court's options in treating drug-using minors. Javier's mother, despite turning him in twice, found only failure of the Court-mandated programs to rehabilitate her son. This was a combination of failures of the state, medical professionals, and institutions, coupled with parents' ignorance that other methods were available to treat their children. Health specialists argued the latter, perhaps as an excuse to not provide adequate treatment for users. Significantly, Javier's case illustrates how both families and drug users utilized, engaged, and were ultimately failed by state resources and institutions.

Javier's cases demonstrated that parents knew how to use the Juvenile Court for their own purposes. Of the 3,078 cases, 9 percent of minors who entered the Juvenile Court were taken by their parents, neighbors, or acquaintances.¹⁰² In 1972, fourteen-year-old José Alfredo was smoking marijuana in his house when his neighbor saw him smoking and began to watch him through his window. When she knocked on window to stop him, he was "rude" and "disrespected" her.¹⁰³ She called the Secret Service police, and they arrested José Alfredo based on the neighbor's word. In the Juvenile Court, José Alfredo asserted that his neighbor lied and threatened him because she wanted information about a friend of his who was dating her daughter. José Alfredo was affected

¹⁰⁰ Ibid.

¹⁰¹ Ibid.

¹⁰² Sample Juvenile Court cases, CTPMI, Archivo General de la Nación.

¹⁰³ CTPMI, Caja 2184 Exp. 150046, Archivo General de la Nación.

by drugs when he arrived at the Juvenile Court, but the caseworker had him released because he was "victim of vengeance" from his neighbor, and his family needed his income.¹⁰⁴ Lower-class families could use the criminalization of drug use as a tool to control family members or to incarcerate troublesome or unwanted relations. Minors viewed the Court as a form of punishment; parents viewed the Court as a possible avenue for familial correction.

Some minors were aware of their legal rights within the Juvenile Court system, and worked hard to make sure that their rights were respected. An example of these well-informed defendants can be seen in the case of Andy Luisa and Silvia who were arrested in a café in the Zona Rosa while smoking marijuana. The Juvenile Court detained Andy Luisa and Silvia for fifteen days after conducting all the necessary legal examinations, supposedly in an attempt to determine if a crime had been committed. On Andy Luisa's fourteenth day of incarceration, she created a disturbance by banging on the door and breaking a window. She then retrieved a hidden knife, and threatened the Juvenile Court agents. During this disturbance, Andy Luisa yelled at the agents, stating that she was older than 18; that she was being held for longer than was legally allowed in the Courts; and that she would "continue to cause problems and disorder" if the Court did not release her.¹⁰⁵ The caseworker reported that her actions encouraged other girls to engage in misbehavior. For instance, the caseworker caught Silvia trying to pass a note to another girl, that read, "Girls, we are going to escape tonight as soon as they turn off the lights."¹⁰⁶ Andy Luisa and Silvia tried to escape but failed. Andy Luisa's file noted that she was transferred to the Department of Immigration because she was from Costa Rica. It is unclear what happened to her in the end, but

¹⁰⁴ Ibid.

¹⁰⁵ CTPMI, Caja 2054 Exp. 159712, Archivo General de la Nación.

¹⁰⁶ CTPMI, Caja 2279 Exp. 160017, Archivo General de la Nación.

she was most likely deported. The Juvenile Court released Silvia under the condition she visit the Juvenile Court once a month so that the caseworkers could check on her behavior.

Theoretically, the Courts were to provide treatment to drug addicted minors. Benito was a sixteen-year-old marijuana user who was assigned to a treatment center for his drug-related afflictions. Apprehended in 1972 for smoking marijuana in the Bosque de Chapultepec, Mexico City's largest park.¹⁰⁷ Upon arrival in the Juvenile Court, he confessed that he started smoking marijuana a year before his arrest and smoked three to four times a week. Benito liked the effects of marijuana; it made him feel dizzy and as if he "didn't have a care in the world."¹⁰⁸ Benito's parents were well aware of his "vice" and asked the caseworker to inter him in a correctional school so he could stay away from drugs and "bad influences."¹⁰⁹ The caseworker agreed, and he was sent to correctional school so he could learn how to "live honorably," and "create moral and disciplinary habits."¹¹⁰ Two months later, Benito's mother requested his release. After being home for a month, Benito's mother decided to take him back to the Juvenile Court because he continued to smoke marijuana. This time, he went to a psychiatric hospital to receive treatment for his marijuana addiction. The doctor assigned to his case noted that he was addicted to marijuana, smoking one to ten cigarettes a day for three years. The doctor also noted that since Benito started smoking, he had turned to other drugs, like sniffing glue. To treat him, the doctors gave him sedatives, including valium, pipamperone, and chlorpromazine. He was interred in this hospital for fifty days, and ended his treatment because the doctors found him to be aggressive. He "brutally" beat up another patient, tried to escape to get more drugs, sniffed glue inside the hospital,

¹⁰⁷ CTPMI, Caja 2175 Exp. 148996, Archivo General de la Nación.

¹⁰⁸ Ibid.

¹⁰⁹ Ibid.

¹¹⁰ Ibid.

and was overall “extremely conflictive.”¹¹¹ As a result, the doctors petitioned to the Juvenile Court authorities that he be returned to the correctional school. Instead, Benito was released to his parents. One year later, his parents took him back to the Juvenile Court because he had been getting high again. The caseworker determined that he should be sent to a CIJ for treatment and rehabilitation.

Benito’s case indicates that parents were aware they could use the Juvenile Court and state systems such as correctional schools and the CIJ to address concerns they had about their children. Although his parents wanted him interned in a correctional school at least twice, the Court ruled for him to receive treatment on two out of the three occasions. Benito’s case also illustrates authorities faced limits regarding drug treatment and few minors were sent to treatment centers from the Juvenile Court because there was a lack of treatment for drug users in general. In 1972, *El Heraldo de México* newspaper announced that only two specialized treatment centers in all of Mexico had rehabilitation programs to treat drug abusers and addicts.¹¹² Health officials proclaimed that “even if we did have specialized treatment centers, these would be “useless” because there were simply “too many” drug addicts to rehabilitate.¹¹³ Dr. Guillermo Calderón Narváez,¹¹⁴ director of the Mental Health division at the SSA, supported *El Heraldo de Mexico*’s position, but also noted that the Hospital Español in Mexico City was admitting more drug using minors than in years prior. The numbers also illustrated that only a fraction of young people were receiving treatment, even after the supposed improvements in drug users behavior. Between 1959 and 1962, there were only eight minors under the age of twenty-one that were admitted for drug-

¹¹¹ Ibid.

¹¹² “Sólo existen dos centros especializados para rehabilitación de drogadictos en el país,” *El Heraldo de México*, 24 May 1972, 2.

¹¹³ Ibid.

¹¹⁴ Dr. Guillermo Calderón Narváez’ importance cannot be overstated. He trained an entire generation of young psychiatrists and counselors who would go on to run Mexico’s drug therapy programs in subsequent decades.

related psychiatric problems in those four years. Between 1968 and 1971, however, 69 minors (while usually minors were defined as people under the age of 18, in this case, the minor age was 21) were admitted for “behavioral disorders” associated with marijuana, amphetamines, LSD, hallucinogenic mushrooms, and mescaline.¹¹⁵ While these numbers may not seem large, and were only a fraction of the drug users receiving treatment, the state had difficulty providing treatment to these users due to a lack of resources.

If the Court made recommendations that a drug using minor attend a CIJ, this did not necessarily mean that the minor attended. The reason why the figures for the CIJ from the sample Juvenile Court cases were so low in the outcome of a minor's case was that the CIJ did not exist until 1969. While psychiatric hospitals were up and functioning during these years, only three minors from the sample data received treatment at a psychiatric hospital. Medical treatment for drug addiction was available within the correctional schools and children's shelters, but not the kind of specialized treatment that places like the CIJ offered to addicts. The Juvenile Court did not adequately treat minors who used drugs, and this included low-income inhalant users.

Conclusion

This chapter explored ways in which the state tried to offer options to drug using minors, and the response of both parents and minors to these options. It has been widely acknowledged that there was a shortage of treatment and resources for drug users, but especially for minor drug users, during the 1960s and 1970s. The state had an obligation to provide care for minors regarding drug use, but many individuals were ignorant of both drug law and their individual legal rights.

¹¹⁵ Toxic industrial chemicals were not mentioned in the list of treated drugs. “Sólo existen dos centros especializados para rehabilitación de drogadictos en el país,” *El Heraldo de México*, 24 May 1972, 2.

The complexity of decision-making forces, the different parties involved, and the many approaches towards drug use have all been rigorously examined in how they impacted drug using minors.

Assessing the ways in which the state treated young drug users shows that law of *delitos contra la salud* and the application of it was oftentimes an illegal process, and social class had much to do with outcomes. Drug users, and inhalant users more specifically, expanded the interpretation of *delitos contra la salud*. The act of inhaling toxic industrial chemicals created new terms and classifications of drug-related crimes.

The CEMEF, the CNPF, the CIJ, the Mexican police, and the Juvenile Court were the principal institutions that addressed drug using minors in the 1960s and 1970s. Each agency had a particular purpose in lessening drug use in minors. The CEMEF and the CNPF were created primarily to bring together experts from different government institutions, like the SSA and the Procuraduría General de la República (Attorney General's Office), as well as conduct thorough social, cultural, and economic investigations of drug-consuming minors and their families. The CEMEF and the CNPF were successful in both their goals, but evidence indicates that although their investigations resulted in a criminal profile of an accused drug using minor, and possible solutions to lessen the use of drugs, these solutions were never applied or enforced. Designed to function as a rudimentary database, utilizing different government agencies with the purpose of collecting as well as sharing information, the CNPF and CEMEF strategized programs that focused on preventative measures.

By the 1980s, the CEMEF absorbed the CNPF and changed its name and scope, expanding to include all mental illnesses. As a result, the CEMEF was able to open specialized treatment centers for drug users. Until the 1980 merger of the CEMEF and the CNPF, the CIJ was primarily

responsible for creating and implementing prevention measures, and creating and utilizing treatment and rehabilitation programs as well.

The CIJ was an institution created out of social demand to help children and adolescents recover from drug use and abuse. Their holistic approach to combating the problem of drug use among minors offered prevention, treatment, and rehabilitation programs. The CIJ became a successful institution, particularly for treating minors who abused and were addicted to illegal drugs like marijuana, cocaine, and hallucinogens; however, it had few programs for treating toxic industrial chemical inhalers; an increasing cohort of drug users in the 1960s and 1970s.

Parents were often skeptical of utilizing the few health resources available (such as a CIJ) to help their children with their drug abuse. Instead, parents used the Juvenile Courts to either correct, punish, or medically treat their drug-using children. In these cases, parents sometimes learned that their children were not well cared for in Juvenile Court system, while other parents were unaware of what went on within the Court.

Minors, experiencing abuse and at times, allegedly illegal treatment at the hands of corrupt police and social workers, found that the correctional schools and their time in the Juvenile Court was a form of punishment. Police and Juvenile Court treatment of minors indicates that minors received beatings, extortion, and that authorities continuously ignored protocols that were intended to help treat minors with addictions. Minors who legally did nothing wrong were criminalized by institutions that were designed to protect them. A minor's reception of treatment or one of the other four options was commonly determined by state resources, despite the institutions that were set up particularly for drug-abusing minors. Treatment and rehabilitation options were lacking for the increasing number of drug users. The Juvenile Court sometimes functioned as an alternative to treatment and rehabilitation centers for parents looking to rehabilitate their drug using children.

The next two chapters use the Juvenile Court records to describe what life was like for inhalant and marijuana users, and to establish patterns of consumption based on socioeconomic class.

Chapter Five: A Collective Portrait of Inhalant Consumers

Introduction

Angel was ten years old when he and his friends were arrested in Plaza Garibaldi for sniffing glue in 1971. Angel spent a lot of time in the Plaza; he sold gum and shined shoes for those who frequented the Plaza. Angel considered the Plaza his home. He left his parent's home a few months before the day of his arrest and, since then, slept in the Plaza. His father used to hit and kick him, and even threatened to kill him, so, Angel preferred the street. When the Juvenile Court sentenced Angel to correctional school, he escaped and went back to living and working in Plaza Garibaldi. Sometimes, Angel went to his parent's home but he often came and went as he pleased, and sometimes would sleep in markets or empty lots near the Plaza. Angel was arrested again in 1973, 1974, and 1975 for sniffing glue, and on each occasion, the arrest happened in Plaza Garibaldi. Each of his arrests resulted in his internment in the correctional school, and each time he escaped to go back to Plaza Garibaldi.¹ Angel represents many of the young, often male, Mexicans who chose to inhale toxic industrial chemicals in the 1960s and 1970s. These substances included industrial adhesives (glue), paint thinner, contact cement, and shoe polish.²

The Mexican state did very little to limit the use of toxic industrial chemicals, even though they were a grave temptation to Mexican minors. To answer why the Mexican state legislatively outlawed and enforced the prosecution of marijuana and other drugs, but left industrial toxic chemicals largely untouched, it is necessary to examine the nature of those who used toxic industrial chemicals for personal consumption. The answer is socioeconomic class. Inhalant users

¹ Consejo Tutelar Para Menores Infractores, Caja 2268 exp. 158708, Archivo General de la Nación. Here after, simply CTPMI.

² These toxic industrial substances were typically inhaled; thus I use "chemicals" and "inhalants" interchangeably.

came from low-income families, worked on the street in menial jobs, and derived pleasure from inhalant use. The culture created around inhalants was one informed by a minor's social class, living and working conditions, availability, cost, addictive traits, and personal choice. These aspects establish the world in which minors made these choices, and show that even with all of the above factors that constrained their options; these minors felt that they were making a choice. I argue that minors consumed these drugs they were poor and liked the effects of inhalants.

This chapter looks at specific aspects that made up the collective portrait of the inhalant user in Mexico City in the 1960s and 1970s. These aspects include where minors consumed inhalants, where they lived, their family income, education level, and employment. I begin with the spaces in Mexico City where inhalant users inhaled toxic industrial chemicals. An analysis of these spaces illuminates two findings. First, that inhalant users spent their time on the Mexico City streets. Second, inhalant use was not always a sign of desperation. It is not just that inhalant users could easily access and cheaply buy toxic industrial chemicals; they also chose inhalants because they liked the effects.³ I briefly discuss the consumption techniques, and differences between toxic industrial chemicals. This chapter then explores other socioeconomic characteristics of inhalant-using minors. I conclude that inhalant using minors lived in the most populated areas of Mexico City, in the *delegaciones* (delegations) of Gustavo A. Madero, Cuauhtémoc, and Álvaro Obregón. They came from families with five or more members, who earned a monthly income of less than \$1000 pesos a month. Inhalant using minors generally did not go to school, were illiterate, and worked in the service industry that helped their families.

This chapter uses the sample of Juvenile Court cases and cross references these with census data from 1970 in order to contextualize the inhalant user population to Mexico City minors of the

³ This is what I refer to by choice: minors chose inhalants because they liked how it made them feel.

same age.⁴ In the 1,042 cases where drug use was present, I use the 700 cases that involved the use of toxic industrial chemicals.⁵ From this data, I conclude that inhalant users had distinct characteristics that differentiated them from the rest of the population of the same age, as well as from marijuana users. The most significant finding is that they came from families that earned less than the average population during this period. Therefore, inhalant using minors were typically coming from the poorest families in Mexico City during the 1960s and 1970s, and as such, inhalant use was a complex social ritual.

Spaces of Consumption and Taste

For many minors like Angel, Plaza Garibaldi was by far the most popular place for the consumption of inhalants. Plaza Garibaldi, located in the center of Mexico City and northeast of the Zócalo, was and continues to be the Mecca of mariachi music in Mexico City. At all hours of the day and night, mariachis play music or solicit gigs from visitors to the Plaza. As a favorite gathering place, *pulquerías*, cantinas, theaters, and saloons lined the borders of the plaza, attracting even more visitors.⁶ For most of the twentieth century, *Plaza Garibaldi* was a dangerous area due to thefts, homeless people, pickpocketing, prostitution rings, and drug use. It was also known for drunk men who stumbled out of the businesses that surrounded the Plaza. Some even laid out in the Plaza all day. A 1986 newspaper article described Garibaldi as representing the “harshness” of the city, as well as being one of the “many aspects of social degradation in the city,” which was

⁴ The census was carried out every ten years in Mexico City. I chose to focus on the 1970 census for two main reasons. First, it was the most complete in the archives; that is, it contained the most information for the categories I was analyzing. Second, the majority of inhalant users from the Juvenile Court cases appeared between 1968 and 1974, and therefore, the 1970 census most accurately represented the minors I was analyzing.

⁵ These cases may have also included the use of marijuana.

⁶ Katherine Bliss, *Compromised Positions: Prostitution, Public Health, and Gender Politics in Revolutionary Mexico City* (University Park: Pennsylvania State University Press, 2001); Jeffrey Pilcher, *Cantinflas and the Chaos of Mexican Modernity* (Wilmington: Scholarly Resources, 2001); Ageeth Sluis *Deco Body/Deco City: Spectacle and Modernity in Mexico City* (Lincoln: University of Nebraska Press, 2016).

further “accentuated by the existence of dozens of small untamed children” who frequented the Plaza.⁷ Garibaldi was a home to many street kids and homeless minors.⁸ The Plaza was a kaleidoscope of various scenes that transitioned from tourists, street children, drunk men, mariachi’s, prostitutes, and people passing through.

Although the Plaza was the most notable location, there were other areas of Mexico City where minors went to consume toxic industrial chemicals. These spaces of consumption were significant to their experience of industrial chemicals and of the city. The spaces they inhabited to consume inhalants were a part of how minors experienced the effects of inhalants.⁹ Sociologist Darin Weinberg proposes that the meanings evoked by effects of drugs evolve through the embodied engagement in the social world. He states, “This approach suggests that the meaning of drugs and the emotional effects drugs have on us derive to a significant extent from the ways in which we have come to *use* those drugs in the various social contexts that make up our lives.”¹⁰ The environments in which drugs are used are influential in whether individual experiences the associated sensations as pleasurable. Graph No. 6 demonstrates places in the city where minors liked to go to use toxic industrial chemicals. The figures specify the number of cases which appeared at the place of consumption. Graph No. 6 shows that parks, outside of local shops and

⁷ Lorenzo Delfin Ruiz, “El thinner, los sueños que la vide les niega,” *El Día* 2 January 1986, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo.

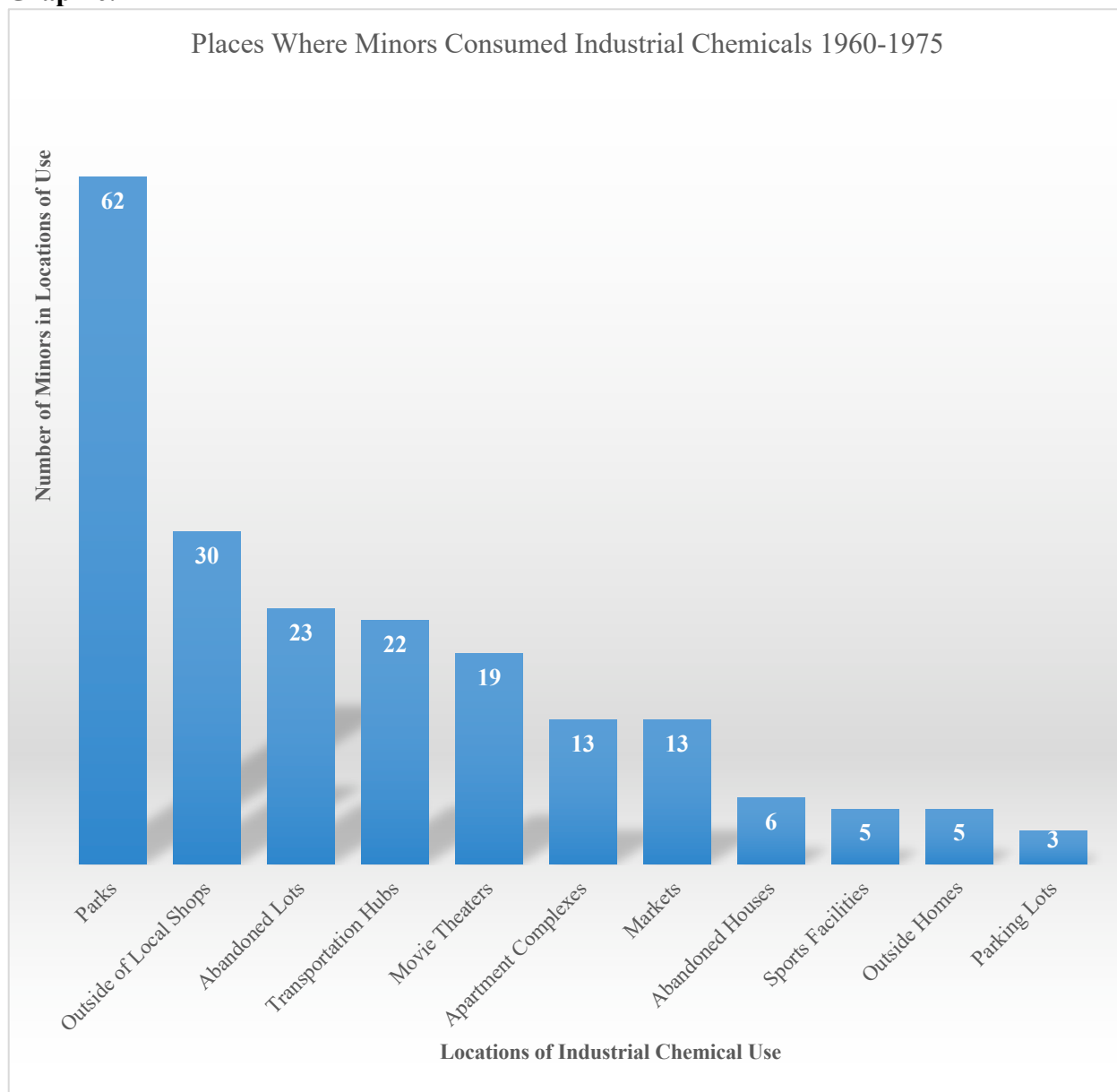
⁸ “Los niños de la calle, un drama de las grandes ciudades,” *El Universal* 16 March 1990, 12. See also Roy Gigengack, “La banda de gari. The Street Community as a Bundle of Contradictions and Paradoxes,” in *Focaal* Vol. 36 (January 2000); Roy Gigengack, “The Symbolic Construction of Street Children. Boys and Girls from Plaza Garibaldi,” in *Amsterdams Sociologisch Tijdschrift* Vol. 24 No. 1 (July 1997): 24 – 71; Raquel Alonso Lopez, *¡Nos desprecian porque somos pobres! Desarrollo de un estilo de vida en los espacios públicos: las bandas de niños de Garibaldi y Casa de Todos* (Tesis, Universidad Nacional Autónoma de México, Facultad de Psicología, 1996).

⁹ Known as “set and setting,” this described the context for psychoactive drug experiences: one’s mindset (shorted to ‘set’) and the physical and social environment (the ‘setting’) in which the user has the experience. See Howard Becker, “History, Culture and Subjective Experience: An Exploration of the Social Bases of Drug-Induced Experiences,” *Journal of Health and Social Behavior* Vol. 8 No. 3 (1967): 163-76; Jon Elster, *Strong Feelings: Emotion, Addiction, and Human Behavior* (Cambridge: MIT Press, 1999); Norman Zinberg, *Drug, Set and Setting: The Basis for Controlled Intoxicant Use* (New Haven: Yale University Press, 1984).

¹⁰ Darin Weinberg, “On the Embodiment of Addiction,” in *Body and Society* Vol. 8 No. 4 (2002): 1-19, p. 15.

abandoned lots were the most common places where minors chose to consume toxic industrial chemicals. Plaza Garibaldi is included in the parks category and is the location of 54 percent of minors who consumed in parks.¹¹

Graph 6.



Consejo Tutelar Para Menores Infractores, Archivo General de la Nación.

¹¹ Plaza Garibaldi was also the only park mentioned in all the cases, and could be due to an institutional bias. It is likely that the police surveilled Plaza Garibaldi more than other plazas because of its infamous visitors and activities.

Graph No. 6 highlights a few notable aspects. First, the places where minors typically consumed inhalants were all public spaces, and this includes the category “apartment complexes.” In all the cases where apartment complexes appeared as a site of consumption, minors inhaled outside of the apartment, or rather, in the public spaces of the complex like the park, bench, or walkway between buildings. Second, these public spaces were also open spaces, logical considering users did not have to hide because inhalants were not technically illegal. Open spaces provided many opportunities. When inhaling in parks, for example, minors could “blend in” to their surroundings, inhaling without being noticed. In addition, inhalants could easily be hidden in one’s hand or tucked into a pocket, a point I return to later in this chapter. Third, the majority of these spaces were areas of transition. People moved freely and sometimes quickly through transportation hubs, parking lots, and markets. Minors could blend into their surroundings, almost as if they were a part of the urban environment that a passerby took for granted. Fourth, the minor’s type of employment in open and public spaces perhaps led them to consume there as well. Working as an errand boy in a market or shoe shiner outside of a local shop provided the opportunity to work, accessibility to industrial chemicals, as well as the ability to use undetected. Finally, as I will show below, public spaces also allowed certain experiences with the use of industrial chemicals, like hallucinations or the ability to gather in larger groups of friends.

Minors like Angel used public spaces, like Plaza Garibaldi, for work, leisure, and in some cases, for survival. However, the Mexican state did not consider these spaces normal or appropriate for minors.¹² The home and school, for example were spaces where children could be watched,

¹² “Cómo perciben los niños el medio ambiente,” *El Día*, 11 July 1976, 13; Andrea Barcena, “Niños maltratados: válvulas de escape del Sistema,” *El Universal*, 29 October 1989, 40; Guadalupe Adriana López Castañón, “Niños de la calle, situación jurídica en México,” (Tesis, Universidad del Valle de México, 2000); Rafael Pérez Martín del Campo, “Niños Desheredados de la Fortuna, Parte I” *La Prensa*, 18 July 1966. See also Benno Glauser, “Street children: Deconstructing a Construct,” in Allison James and Alan Prout eds., *Constructing and Reconstructing Childhood: Contemporary Issues of Sociological Study of Childhood* (London: Falmer Press, 1990): 138-157 and Nancy Scheper-Hughes, Carolyn Sargent eds. *Small Wars; The Cultural Politics of Childhood* (Berkeley, 1998).

supervised, and their activities controlled. However, for children like Angel, who came from lower-income families, spaces like home and school were not always an option, because they had to work or help out at home. Children had to find alternative places to work, play, and learn at the same time. This alternative space was the street. Public space, and specifically the street, played an active role in the constitution and reproduction of social identities.¹³ Minors who maneuvered through public spaces negotiated the boundaries of who belonged there. The streets, plazas, and parks of Mexico City were more than just a physical environment.¹⁴ Inhalant using minors renegotiated those boundaries and demonstrated that public space was one of freedom. In these spaces, minors learned to interact, confront, and negotiate their place in society. Minors also learned to derive amusement and joy from their interplay in these spaces. The street functioned as an informal space because it was not created for children, and yet minors appropriated these spaces and gave them meaning.¹⁵ For instance, a twelve-year-old boy described that he chose the street to sniff glue as it was a place of “refuge” because “no one goes there, only us.”¹⁶ Within those spaces of consumption, minors could be independent, and “these innocents [could] consume drugs far from the glare and hassle of others.”¹⁷ The lack of “glare and hassle” was, in part, what made those spaces places of refuge. The freedom and autonomy to do as they pleased was why they chose those spaces.

For six-year-old Elena, Plaza Garibaldi was a place she could escape to find refuge and company. The location was accessible for Elena because her family lived just a short block away

¹³ Gill Valentine, *Public Space and the Culture of Childhood* (New York: Routledge, 2016).

¹⁴ Robert E. Park argues that “the city is a state of mind,” as well “as a body of customs and traditions, and of organized attitudes and sentiments that inhere in these customs and are transmitted with this tradition.” Robert E. Park and Ernest W. Burgess, *The City: Suggestions for Investigation of Human Behavior in the Urban Environment* (Chicago: Chicago University Press, 1987), 1-2.

¹⁵ Kim Rasmussen, “Places for Children. Children’s places,” in *Childhood* Vol. 11 No. 2 (2004): 155-173.

¹⁶ Ruiz, “El thinner, los sueños que la vide les niega.”

¹⁷ “La salud en la metropolí,” *El Día* 23 November 1978, 10.

from Plaza Garibaldi. One day in 1972, she accompanied her older brother to wander around Plaza Garibaldi, where they met up with two of their friends to sniff glue and were all caught by the police. Both Angel and Elena saw Plaza Garibaldi as home, a place to escape family life and create relationships with the many other children who frequented the area. Simultaneously, Plaza Garibaldi gave Angel further access to industrial chemicals through his work as shoe shine, and Elena a place to meet up with friends. Angel and Elena preferred the “unstructured environment” and the autonomy that came with spending time in the street, described by their caseworkers assigned to them.¹⁸

Minors’ experiences in the public spaces of Mexico City helped inform their subsequent taste for and experience of industrial chemical consumption. Angel, who continuously went back to Plaza Garibaldi, did so not only because that space offered him employment and occasionally a place to rest, but because the Plaza also offered forms of entertainment. One of these entertainments was sniffing glue. That Angel was arrested three times in the same place for the same reason suggests he developed a penchant for sniffing glue. Young Mexicans learned to recognize, deal with, and enjoy the psychoactive effects induced by chemicals and glue.

Numerous reports and academic works on inhalant use published during or about these years is often concerned with damages to the bodies of inhalant users, instead of how these young individuals comprehended the sensations that drugs afforded them.¹⁹ Other studies on inhalant use place economic inequality and deprivation at the center of their analysis, and as an explanatory force behind consumption.²⁰ However, little is known about the situated meanings and experiences

¹⁸ CTPMI, Caja 2143 exp. 145562, Archivo General de la Nación.

¹⁹ On damages to the body see Silvia Cruz and Scott Bowen “Inhalant Abuse,” in Milagros Mendez and Ricardo Mondragón-Ceballos eds. *Neural Mechanisms of Action of Drugs and Natural Reinforcers* (Kerala: Research Signpost, 2008): 61-87; Rafael Gutiérrez and Leticia Vega “Niñas y Niños “callejeros,” uso de sustancias y atención en México,” *Revista Peruana de Drogodependencias Análisis e Investigación* (2008): 55-74.

²⁰ For examples of similar instances see Joseph Cottrell-Boyce, “The Role of Solvents in the Lives of Kenyan Street Children: An Ethnographic Perspective,” in *African Journal of Drug & Alcohol Studies* Vol. 9 No. 2 (2010): 93-102;

associated with drug use.²¹ John Coveney and Robin Bunton argue that individuals who seek bodily pleasure through practices regarded as harmful become objects of fear and revulsion: “The volatile body, which refuses to be disciplined, is highly disordered, dangerous, and polluting.”²² In addition, inhalant use has been typified as “revolting,” the “least natural,” and a “fundamental violation of ‘what goes where.’”²³ Social attitudes like these reveal a discrepancy between our understanding on inhalant use and minor’s acquired appetite for inhalants. Children did not only consume inhalants because of economic deprivation. Minors had a choice and failing to consider them came at the cost of disconnecting us and fellow researchers from the gustatory categories and experiences of Mexico City’s youth. Based on where minors operated in the city, frequency of use, brief descriptions of their experiences, it is evident that minors found fulfillment in their consumption.²⁴

Consider the description of Jorge Osuna, the fictional twelve-year-old boy who is the protagonist of one of Enrique Serna’s novels. In *Uno soñaba que era rey*, Serna depicted characters that roam Mexico City, portraying everyday scenes of the metropolis that Mexicans knew existed, but that no one wanted to see. In the book, the main character, Jorge Osuna, described the experience of sniffing glue. Jorge’s descriptions illuminate his joy: “The glue makes me feel dizzy without feeling nauseous, it sways me like as if I were in a coffin carried on the shoulders of

and Tom Ogburn, Leonie Cox and Jude Saldanha, “Paint on their Lips: Paint-sniffers, Good Citizens and Public Space in Brisbane,” in *Journal of Sociology* Vol. 42 No. 4 (2006): 412-428.

²¹ Such as Maggie Brady, *Heavy Metal: The Social Meaning of Petrol Sniffing in Australia* (Canberra: Aboriginal Studies Press, 1992); Roy Gigengack, “The Chemo and the Mona: Inhalants, Devotion, and Street Youth in Mexico City,” in *International Journal of Drug Policy* Vol. 25 (2014): 61-70, and Raquel Alonso Lopez, *¡Nos desprecian porque somos pobres! Desarrollo de un estilo de vida en los espacios públicos: las bandas de niños de Garibaldi y Casa de Todos* (Tesis, Universidad Nacional Autónoma de México, Facultad de Psicología, 1996).

²² John Coveney and Robin Bunton, “In Pursuit of the Study of Pleasure: Implications for Health Research and Practice,” in *Health: An Interdisciplinary Journal for the Social Study of Health, Medicine and Illness* Vol. 7 No. 2 (2003): 161-179, p. 169.

²³ Lawrence Taylor and Meave Hickey, *Tunnel Kids* (Tucson: University of Arizona Press, 2001), 41.

²⁴ From the Juvenile Court cases, it is not always clear what minor’s motives were for consuming toxic inhalants. While inhalant users may have consumed for pleasure, that does not mean, however, that the use of inhalants could not be both a means of escaping from intolerable life circumstances as well as pleasurable.

faithful friends[...]the toxic dream never ends, the bag contains an eternal spring of analgesic clouds that disrupt my sense: I taste what I smell, I hear what I see, my fingers search for the darkness. I am dominated by an anxious gluttony; I wish my nose were large enough to retain the vapors that are like candy that melt as they pass my trachea.”²⁵ Jorge’s reveals a romanticized account of the effects of the drug, yet one that elucidates aspects that perhaps other children felt when sniffing glue. Like the book’s protagonist Jorge, other users also derived pleasure from the use of industrial chemicals. Angel learned to sniff glue, and enjoy it from and with the friends he met in Plaza Garibaldi. He started spending more time with them because he “had a lot of fun,” and “felt safer” on the street and with his friends.²⁶

Similarly, twelve-year-old Gustavo started sniffing glue after he met a group of friends where he worked at the La Merced market.²⁷ Gustavo enjoyed getting high on glue; he eventually stopped going to school and worked full time at the market La Merced carrying baskets. He liked his daily routine: going to work, and then meeting up with friends to get high. They would often gather at the market and then walk to nearby construction sites or empty lots to sniff glue. When Gustavo did not have enough money to buy his own glue, his friends would share theirs with him.

²⁵ “El pegamento marea sin provocar náuseas, marea como el vaivén de un féretro llevado en hombros por amigos fieles...el sueño tóxico nunca se acaba, la bolsa contiene un manantial eterno de nubes analgésicas que trastornan las funciones de los sentidos: el olfato gusta, la vista oye, los dedos miran la oscuridad con las temoas abiertas. Dominada por un ansia glotona, su nariz quisiera ser más grande para retener los caramelos de vapor y sopor que se derriten al pasar por la tráquea.” Enrique Serna, *Uno soñaba que era rey* (México: Editorial Planeta Mexicana, S.A. de C.V., 1989), 7.

²⁶ CTPMI, Caja 2268 exp. 158708, Archivo General de la Nación.

²⁷ La Merced was established as a market in 1890 and became the main center of supply of goods of the capital. Héctor Castillo Berthier, “El mercado de la Merced antes del cambio,” in *Revista Mexicana de Sociología* No. 45, No. 3 (julio-septiembre, 1983): 857-975; Víctor Delgadillo *Patrimonio histórico y tugurios. Las políticas habitacionales y de recuperación de los centros históricos de Buenos Aires, Ciudad de México y Quito* (México: Universidad Autónoma de la Ciudad de México, 2011); Patricia Ramírez Kuri, “La reinención del espacio público en el lugar central. Desigualdades urbanas en el barrio de La Merced, Centro Histórico de la Ciudad de México,” in Patricia Ramírez Kuri eds. *La reinención del espacio público en la ciudad fragmentada* (México: Instituto de Investigaciones Sociales, Universidad Nacional Autónoma de México, 2016); Ricardo Tena y Salvaro Urrieta, *El barrio de La Merced. Studio para su regeneración integral* (México: Instituto Politécnico Nacional, Universidad Autónoma de la Ciudad de México, 2009); Enrique Valencia, *La Merced: Estudio ecológico y social de una zona de la Ciudad de México* (México: Instituto Nacional de Antropología e Historia, 1965).

When none of them had enough money, they would pool their funds together and buy what they could. Gustavo and his friends would sit around and pass around the glue until they were all intoxicated. After the effects faded, “we felt a great desire for more.”²⁸

Gustavo and Angel’s experiences show that inhalant use was a shared, community practice. Inhalant users learned with and from each other; where to obtain toxic industrial chemicals, particularly glue; how to use them; and literally shared them with each other. For Gustavo and Angel, the pleasure lay in seeking out unsupervised spaces to do as they pleased and gather with friends, which in turn heightened the effects of the drug. Inhalant use thus created community as much as it was created by it.²⁹ For Gustavo and Angel, inhalant use was part a learned behavior and part of a community life experience.

Another understudied and possibly associated reason that minors chose to consume inhalants was the desire to experience hallucinations.³⁰ An ethnographic study conducted with a group of Mexican children that lived or worked in the streets of Mexico City and used industrial chemicals suggested that hallucinations were not just a by-product, but a goal in itself. The experiences narrated by minors suggested that solvent-induced hallucinations were common and played an important role in both the individual and collective experience of their consumption (collective because they would share stories with each other). In fact, some minors preferred

²⁸ CTPMI, Caja 2174 Exp. 148956, Archivo General de la Nación.

²⁹ For more on this sense of collectivity see Silvia Cruz and Mario Domínguez, “Misusing Volatile Substances for their Hallucinatory Effects. A Qualitative Pilot Study with Mexican Teenagers and a Pharmacological Discussion of their Hallucinations,” in *Substance Use & Misuse* Vol. 46 (2011): 84-94; and Roy Gigengack, “Young, Damned and Banda: The World of Young Street People in Mexico City, 1990-1997,” (PhD Dissertation, University of Amsterdam 2006).

³⁰ Edward Preble and Gabriel Laury, “Plastic Cement: The Ten Cent Hallucinogen,” *The International Journal of Addictions* Vol. 2 (1967):271-281; Mary King, Ruth Day, John Oliver, Michael Lush and Joyce Watson, “Solvent Encephalopathy,” *British Medical Journal* Vol. 238 No. 6292 (September 1981): 663-665; Evans and Duncan Raistrick, “Phenomenology of Intoxication with Toluene-based Adhesives and Butane Gas,” *British Journal of Psychiatry* Vol. 150 No. 6 (July 1987): 769-773.

inhalants over marijuana because it gave them grander hallucinations.³¹ Inhalant users also chose specific locations based on the hallucinations the drugs could enable. One group of kids preferred ravines or gullies because the rocks and caves facilitated different hallucinations. In some cases, minors preferred to consume inhalants at night as “the hallucinations [were] bigger.”³² When these minors inhaled toxic chemicals, their experiences were influenced by the pharmacological drug actions as well as their beliefs about the drug.

Hallucinogenic experiences differed, and so do cultural contexts. For instance, a ‘bad trip’ from individuals inhaling from spray paints in Australia involved seeing crocodiles.³³ Hallucinations considered “good trips” in Mexico City involved seeing the Virgin of Guadalupe.³⁴ The data from the Juvenile Court rarely revealed motivations for choosing inhalants.³⁵ However, it is important to move away from the traditional explanations for inhalant consumption; ones that usually begin and end with minor depravity. The spaces in which minors chose to consume inhalants was a part of what gave them pleasure from these experiences. The cultural context of inhalant use needs to be made explicit, not dismissed, and this culture involved social life, use of the city, and the effects of the drug.

³¹ Seventeen-year-old Jesus was taken to the Juvenile Court by his father because Jesus spent all his time with friends getting high on glue. Jesus explained that one of the reasons he did so was because he liked the hallucinations the drugs gave him. CTPMI, Caja 2176, Exp. 149136, Archivo General de la Nación.

³² Fidel de la Garza, Iván Mendiola, Salvador Rabago *Adolescencia marginal e inhalantes* (México D.F.: Editorial Trillas, 1977), 115.

³³ Martyn Gay et al, “Drug Abuse Monitoring: A Survey of Solvent Abuse in the County of Avon,” *Human Toxicology* Vol. 1 No. 3 (July 1982): 257-263.

³⁴ Rodrigo Gutierrez and Leticia Vega, “Las interpretaciones, las practicas y las reacciones sociales del uso de solvents inhalables entre los llamados niños de la calle,” *Anales del Instituto Mexicano de Psiquiatría* Vol. 6 (1995): 140-145.

³⁵ A reason for this is because the role of the Juvenile Court, and of the caseworker, was not to uncover motivations behind drug use, but rather to determine the suspects culpability.

Methods and Accessibility

Accessibility and price also conditioned minors' choice to consume inhalants. These substances were cheap, but they were also ubiquitous in the communities where inhalant users lived because paint thinner and industrial adhesives were sold everywhere, a point I return to below. This section examines in further detail the types of industrial chemicals consumed; their accessibility; prices, and methods of consumption.

A range of industrial chemicals were consumed, as discussed in Chapter Two. The sample Juvenile Court cases reveal that the commonly used inhalants included paint thinner (*tiner*), glue (*cemento*), paints and paint remover (*laca*), and nail polish or shoe shine (*barniz*). There were two brands of glue: FZ10 (*Flexo*) and *Resistol* 5000. Minors also used bicycle tire glue, only sold in bicycle shops. All of these substances contain toluene, a natural substance of gasoline and crude oil.³⁶ Toluene can be purchased alone but is typically used in paints, paint thinners, silicone sealants, adhesives, and lacquers. Minors with more experience consuming industrial chemicals had preferences for particular chemicals, as well as brand preferences. Angel, for example, preferred *Flexo*. Some users did not distinguish between the varieties of glues, stating that "it's the same...they look the same, you use them the same, and you feel the same." The commonalities between different brands of glue were greater than the differences.

Young Mexicans had exceedingly easy access to the solvent of their choice. The purchase of industrial adhesives (glue), contact cement and paint thinner was directly at the corner store, supermarket, or hardware store within the neighborhood. The fact that any local shop sold these chemicals helps explain their widespread use. Moreover, the sale of industrial chemicals was unmonitored and unregulated, because it was not illegal to buy or sell industrial chemicals.

³⁶ Toluene can be used as an octane booster in gasoline fuels for internal combustion engines as well as jet fuel.

Merchants at these locations did not question who was buying them because sometimes the sellers themselves were not familiar with the toxic consumption of the products in the 1960s and only became vaguely aware of it during the 1970s. Merchants who were aware of how minors used these products profited from their sale and therefore did not stop selling these products to minors.³⁷ Industrial chemicals were accessible because the cost of purchasing them was cheap: a jar of paint thinner cost about 50 Mexican cents in 1974, and a tube of contact cement or glue (that could last up to a month) cost a maximum of three pesos.³⁸ A liter of toluene was purchased at \$60 pesos, and could last well over a month for consumption.³⁹

Consuming industrial chemicals often passed unnoticed. First, there were thousands of people who passed through the (public) spaces that inhalant users inhabited. Second, inhalant users had a variety of techniques to hide inhalation. Third, most inhalant users were not intoxicated for the whole day. They could inhale continuously during sniffing sessions, as the effects wore away quickly once use was interrupted. Finally, inhalant users had clever ways of hiding or obscuring their consumption.

The most common way to sniff glue was "the bag."⁴⁰ The minor would take a polyethylene bag, turn it upside down as if emptying the bag, and the fluid would drip to the opening. When the desired amount was deposited, the bag was turned right side up, and the minor would blow into

³⁷ In Canada during the 1970s convenience stores near Indian reservations used to sell aerosol Lysol cans by the hundreds; they knew these cans were mostly being used by kids to get high but because the money was good, they kept doing it. Kathryn Irvine, *Substance misuse among indigenous peoples of Canada: The Problem of Inhaling Solvents Among the Cree and Blackfoot of Alberta* (Lewiston: Edwin Mellen Press, 2011).

³⁸ Lorenzo León Díez and Rodolfo Guzmán, "Curiosidad y Snobismo Hacen Consumir Drogas," *El Universal*, 14 January 1974, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo.

³⁹ Herman Leal, L. Mejía, L. Gómez and O. Salinas de Valle, "Estudio naturalístico sobre el fenómeno del consumo de inhalantes de la Ciudad de México," in Carlos Contreras Pérez eds., *Inhalación voluntaria de disolventes industriales* (México: Editorial Trillas y Centro Mexicano de Estudios en Farmacodependencia, 1977), 447.

⁴⁰ See also Bernard Segal, "The Inhalant Dilemma: A Theoretical Perspective," in Fred Beauvais and Joseph Trimble eds., *Sociocultural Perspectives on Volatile Solvent Use* (London: Harrington Park Press, 1997): 97-102.

the bag as if blowing up a balloon, inhaling and exhaling into the bag. Image 1 demonstrates a child's depiction of another method of sniffing; his caption read "*El Chupa Cemento*," or "The Glue Sucker." The child drew a juice, beer, or milk bottle, into which the glue was deposited. This method allows the substance to remain concentrated and prevents evaporation. Notably, the minor also drew a "*moto*" and a "*mariguano*," two figures smoking marijuana. He also drew a large glass of wine. Although the child was only 11 years old when he drew this, he was well aware of different types of drugs as well as their different methods of consumption. It was written on the single page that arrested minors were allowed for free drawing by their caseworkers.

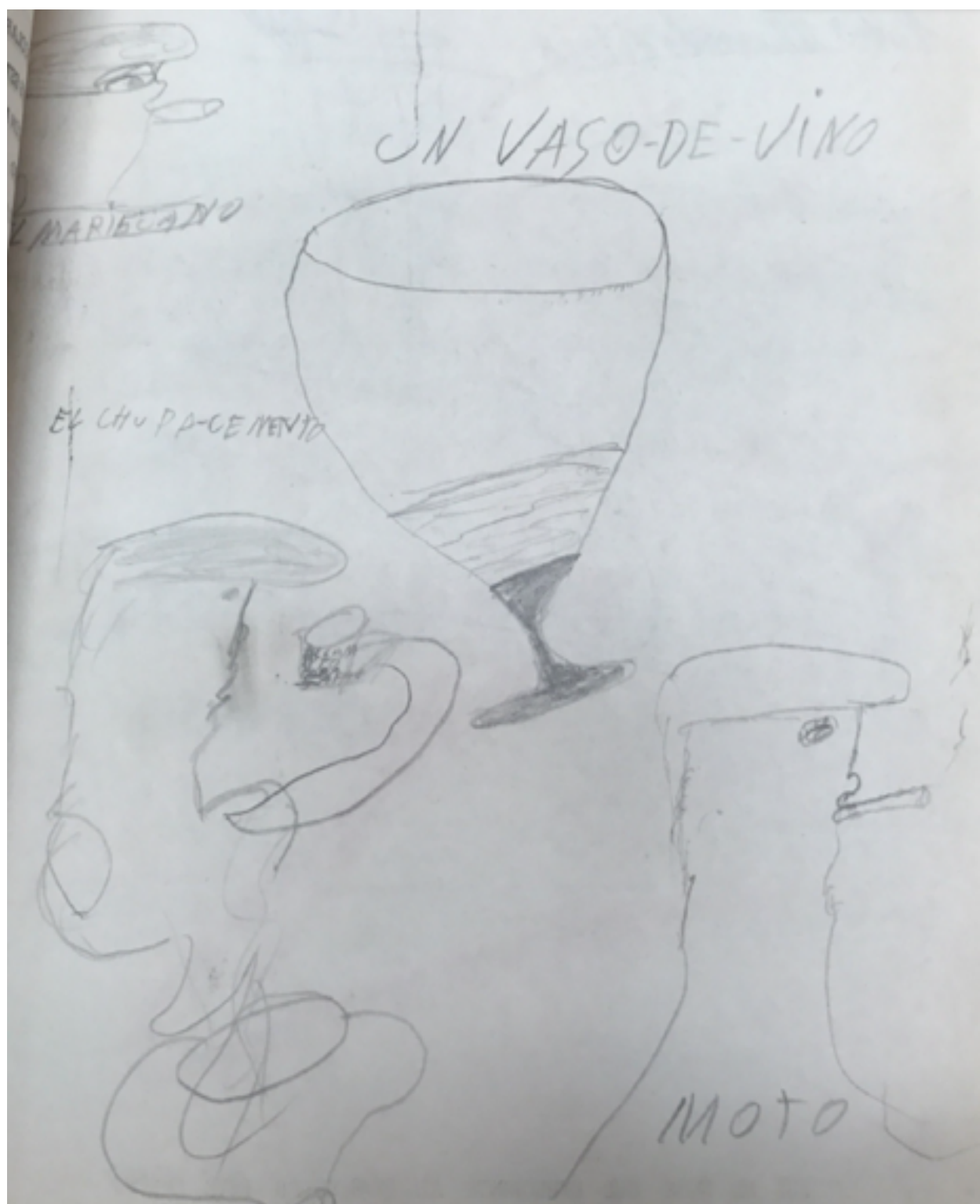


Image 1. A Minors' Drug Use Depiction. This drawing belongs to Alvarado, CTPMI, Caja 2176 Exp. 149034, Archivo General de la Nación. Photograph is the authors.⁴¹

⁴¹ As a part of their psychological study, minors were allowed one page within their file to draw whatever they wanted.

Glue, which can be more viscous than a solvent, could be smeared on the hands or put in a plastic bag. Some spread it on pages of a magazine, which was then rolled up and held before their nose. This technique allowed minors to tell the police, “it’s just me and my comic here.” One anonymous addict narrated his time strolling in Plaza Garibaldi in the mid-1970s, when he was fifteen: “Me and my mates, we hid ourselves on the roofs of *vecindades* [tenements] near the Plaza, in the water tanks, where we used the drug. I also chewed the *cemento*. You make little balls of it and then you chew it...*bien chido* [pretty nice]. I saw little dolls...but then we had to leave the Plaza, because one of my mates did not get out of the water tank in time and he drowned.”⁴²

Finally, glue could be put into another small container, like a small yogurt bottle, which was hidden in a shirt sleeve or under the shirt (see Image 2). Glues are not typically sniffed directly from the bottle in which they were sold because it is easier to sniff other ways. Once opened, they must be consumed at once. This was an option for those, like Gustavo, who sniffed in an empty lot with a big group of friends.

Chemical solvents, which are usually fluid, are most popularly sniffed from the *mona* or rag. The word *mona* means both “cute like a doll” and “intoxication.” The word is also an inversion of *mano*, or hand, and the *mona* functions as an extension of that part of the body. The rag is typically a cloth or toilet paper that is rubbed together and sprinkled with solvent, as shown in Image 3. Users employed a white cloth because the liquid did not evaporate as quickly and the cloth did not color the hand. However, after extensive use of this technique, the *mona* burns the sniffer’s hand and bleaches the palm. It also makes the hand smell of solvent because it can permeate the skin. Another danger is that most solvents are flammable and can catch on fire. Once the solvent

⁴² Firsthand account of Roy Gigengack, “The *Chemo* and the *Mon*,” 63.

was applied to the rag, the wet *mona* was held before the mouth with a closed fist. Sniffers could also put their thumbs and forefingers around their upper and lower lips, so that the vapors were not lost. If the *mona* is held before the nose, sniffers described accelerated hallucinations, but also reported more brain damage.⁴³

⁴³ Cruz and Domínguez, “Misusing Volatile Substances for their Hallucinatory Effects.”⁴

Image 2 and 3. Methods of Industrial Chemical Consumption. Roy Gigengack, “Inhalant Drug Use and Street Youth: Ethnographic Insights from Mexico City,” in Victor R. Preedy eds., *Neuropathology of Drug Addictions and Substance Misuse* Vol. 2 (London: Elsevier, 2016): 1075-1084.

Consumption of thinner was dangerous as it was sold in glass bottles; if the glass broke then, a large amount of the corrosive and flammable solvent would soak clothing, skin, or wounds. To avoid this, minors put the thinner into smaller, plastic water bottles. To an outsider, the bottle seemed filled with ordinary water. The minor would then inhale the thinner from the plastic bottle. The inhalation of shoe solution (turpentine based) was done using a method called "the flute," which involved taking a newspaper and rolling it up as if to look like a flute. A piece of cloth or material soaked in the shoe solution was then inserted and rolled with the newspaper. The minor inhaled the substance through the nose, but it almost looked as if playing the flute.

The above methods were useful for sharing as well. These methods ("the bag," *la mona*, "the flute," etc.) allowed toxic chemical inhalation to be undetected by the police, as minors were aware that consuming inhalants could get them into trouble with the police. It was not illegal to consume toxic industrial chemicals, yet incredibly, without legislative, judicial, or presidential approval, the practice of inhaling toxic chemicals was criminalized on a practical level. The substances inhaled were not illegal, but the police routinely (and very widely) treated those who inhaled as criminals. Children as young as six, like Elena were taken to Juvenile Court for drug abuse, even though the drug was not criminalized and the majority of users were minors.

By the 1980s, the use of industrial chemicals for personal consumption was even more widespread, and came to be identified with *banda* culture and street youth.⁴⁴ *Chavos banda*,

⁴⁴ The *chavos banda* was a youth subculture that emerged in the late seventies and solidified in the eighties, particularly among marginalized youth in Mexico City's poor neighborhoods. For more on the *bandas* see José Agustín, *La contracultura en México: La historia y el significado de los rebeldes sin causa, los jipitecas, los punks y las bandas* (Mexico City: Editorial Grijalbo, S.A. de C.V., 1996); Carles Feixa, *De jóvenes, bandas y tribus: antropología de la juventud* (Barcelona: Ariel, 1998); Fabrizio León Diez, *La banda, el consejo y otros panchos* (Mexico City: Editorial Grijalbo, 1985); Noe Pliego Campos, "¿No hagas panchos!': Mexico's Lost Decade from Mexico City's Margins," Paper Presented at Mexico Working Group Colloquium November 2019; José Manuel Valenzuela Arce, *A la brava, ese: identidades juveniles en México: cholos, punks y chavos banda*. (Tijuana: El Colegio de la Frontera Norte, 1988).

abbreviated as *banda*, was a youth subculture in the 1970s and 1980s that emerged among the marginalized youth in the poor neighborhoods of Mexico City, where use of inhalants was largely practiced alone or in groups. As such, the methods for inhaling toxic chemicals while avoiding police detection become more refined, and users in different parts of the city had differences in method preference. For instance, *activo* became widely popular among *chavos banda*. *Petróleos Mexicanos* (PEMEX) was responsible for the production and sale of the toluene to the chemical industry. The mid-1980s saw the introduction of the chemical compound *activo*, an almost pure toluene and a petroleum derivative used in the chemical and petroleum industries.⁴⁵ *Activo* was only available on the black market, because the petroleum needed for the compound was illegally extracted from PEMEX pipelines. Since a criminal act of illegally extracting petroleum was part of the consumption of *activo*, it was illegal for individuals to have the compound outside of a legitimate business (one that would have procured the petroleum legally), and gave the police more liberty to detain and arrest minors for their consumption.

Spaces of Labor

Accessibility to industrial chemicals in their working conditions and occupations influenced where minors occupied labor spaces. Shining shoes and selling gum in Plaza Garibaldi meant that Angel did not attend school. Angel had attended primary school until he was eight years old, but according to his file, “lost interest” in continuing his education.⁴⁶ This section looks at the various occupations that minors like Angel held; their incomes; and most importantly, how their employment influenced their consumption of industrial chemicals.

⁴⁵ In 2010 it was reported that PEMEX produced 122 thousand tons of toluene. Thelma Gómez Durán, “Tolueno, droga de moda entre jóvenes,” *El Universal*, 28 December 2010.
<https://archivo.eluniversal.com.mx/nacion/182802.html> Accessed August 14, 2019.

⁴⁶ CTPMI, Caja 2268 exp. 158708, Archivo General de la Nación.

Many young inhalant users were more likely to work than go to school, like Angel. In fact, the cases from the Juvenile Court archives reveal that 69 percent of inhalant users were employed instead of being in school. The census data indicates that only 15 percent of the total population under the age of nineteen were employed. The Mexican Constitution proclaimed child labor under the age of twelve illegal.⁴⁷ Children over the age of twelve and less than sixteen were allowed to work, but only for a maximum work day of six hours. This labor code proved to be more of an ideal than a reality, particularly when looking at the ages and type of jobs that employed minor inhalant users.⁴⁸ The Juvenile Court data reveals that there were multiple cases of minors under the age of twelve who were employed at a level that provided a living wage.⁴⁹

The majority of inhalant users worked in the service sector, which involved activities such as shoe shining, newspaper sales, and running errands. According to the Juvenile Court data, 29 percent of inhalant users (of the 69 percent) were employed in the service sector.⁵⁰ In Mexico City, 18 percent of the total population under the age of nineteen worked in the same sector. There was a higher percentage of inhalant users that worked in the service sector compared to the total

⁴⁷ Article 123 of the 1917 stated that “unhealthy or dangerous work,” and “industrial night work,” was prohibited for people under the age of sixteen.

⁴⁸ See Ann Blum, *Domestic Economies: Family, Work and Welfare in Mexico City, 1884-1943* (Lincoln: University of Nebraska Press, 2010); Flor Brown Grossman and Lillia Domínguez Villalobos eds., *México: Desigualdad económica y género* (México: Universidad Nacional Autónoma de México, Facultad de Economía, 2010); Eileen Mary Ford, “Children of the Mexican Miracle: Childhood and modernity in Mexico City, 1940-1968,” (PhD Dissertation, University of Illinois at Urbana-Champaign, 2008); Elizabeth Katz and Maria Correia eds., *The Economics of Gender in Mexico: Work, Family, State, and Market* (Washington: World Bank, 2001); Shari Orisich, “For the Creation of Strong Children, Beautiful and Intelligent:” Eugenics, Youth, and the Nation in Post-Revolutionary Mexico City,” *The Latin Americanist* Vol. 62, No. 3 (September 2018): 414 – 432; Susana Sosenski, *Niños en acción: el trabajo infantil en la ciudad de México (1920-1934)* (México, Colegio de México, 2010); Susana Sosenski, “Entre practices, instituciones y discursos: trabajadores infantiles en la ciudad de México (1920-1934)” *Historia Mexicana* Vol. 60, No. 2 (Diciembre 2010): 1229-1280; Mary Kay Vaughn, *Cultural Politics in Revolution: Teachers, Peasants and Schools in Mexico, 1930-1940* (Tucson: University of Arizona Press, 1997).

⁴⁹ The census data does not provide information on how many children under the age of twelve were employed.

⁵⁰ There were no inhalant users that worked in agriculture compared to the 15 percent of the total population of the same age, and none that worked directly in manufacturing, compared to the 15 percent of the total population of the same age.

population of the same age. The Juvenile Court labeled the remaining employment categories into the following:

- Merchant, such as working at a stall in a marketplace or in a shop;
- Employee, such as a position in a restaurant or similar working space;
- Street Peddler (like selling gum),
- Painter (industrial), or
- Construction Worker.

Within the service industry, the most common job was as a shoe shiner or an errand boy. Both occupations allowed minors to move freely through the city under the guise of employment. Additionally, in the case of shoe shining, minors gained access to shoe polish, which contains turpentine, or *tiner*, used for personal inhalant consumption. Angel was just like this boy in Image 4 below; a common image for the center city. He worked in Plaza Garibaldi shining shoes and made \$10 pesos a day when he was 10 years old. By the time he was 14, he made \$30 to \$40 pesos a day shining shoes.



Image 4. Young Boy Polishing Shoes, Pérez Martín del Campo, “Niños Desheredados de la Fortuna, Parte I,” *La Prensa*, 18 July 1966, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo. Photograph is the authors.

Working as an errand boy in a market place was another common occupation for minors. Pedro, for example, spent the majority of his time in the market. Beginning at the age of seven, Pedro liked to leave his home for days on end. Pedro’s caseworker noted that Pedro did not “listen to his mother, [did not] respect her, and [did not] comply with his obligations as a son.”⁵¹ Pedro

⁵¹ CTPMI, Caja 2057 exp. 159931, Archivo General de la Nación.

liked to wander into the city, specifically to the markets of La Lagunilla and La Merced to work.⁵² At seven years of age, Pedro started work as a shoe shiner; sold popsicles on the street; sang on buses; cleaned the windshields of parked cars outside the markets; and also worked as an errand boy in the markets. On average, he made between \$20 and \$30 a day, and used it for his own "amusement, rarely giving anything to his mother for sustenance."⁵³ In 1975, Pedro was wandering the stalls of La Merced market and took a pair of shoes from one of the stalls and immediately started running. The police noticed him running away from the stall, chased him down, and arrested him. Upon giving his version of events to the caseworker, he declared that it was his first and only robbery. Pedro also told the caseworker that while working at the market, someone had given him marijuana to sell in parks to students to make more money. However, Pedro could not afford to smoke marijuana himself; he also preferred to sniff glue, and often did so near the market. Like Plaza Garibaldi, markets were spaces where minors worked, lived and played.

Looking at a few more places where minors worked demonstrates a relationship between their workplace and their developing dependence on inhaling industrial chemicals.⁵⁴ Jorge, a child of twelve, was an inhalant user who had initial access and exposure to inhalants through his work. He moved to Mexico City from Guanajuato with his family. With no proper housing available to these new migrants, they lived in an abandoned lot. Jorge's father was an alcoholic and died during a bar fight at a nearby *pulquería* when Jorge was only eight years old.⁵⁵ As a result, Jorge worked at a mechanic workshop to help pay for food at home. Jorge described that when he was working

⁵² The Merced market is another traditional public market, located on the eastern edge of the city center. In the first half of the twentieth century, this market was the major wholesaler for the entire city. It is the largest retail market in Mexico City and known for its prostitution.

⁵³ CTPMI, Caja 2057 exp. 159931, Archivo General de la Nación.

⁵⁴ For a complete study on this in the industrial sector, see Rita E. Berriel González and José Antonio Luna Villaseñor, "Relación entre el trabajo con acceso a inhalantes volátiles y el desarrollo de la inhalación deliberada de dichas sustancias," in Martha Mayagoitia Talamante eds., *Compilaciones de investigaciones específicas en disolventes inhalables* (México: Centros de Integración Juvenil, 1988), p. 181 – 186.

⁵⁵ Pulquerías were bars that served an alcoholic beverage made from the fermented sap of the maguey plant.

at the workshop, he felt happy without knowing why, and when he got home, he would get sad until he realized that smelling the thinner from work made him feel better.⁵⁶ After this discovery, he started taking small bottles of thinner home to sniff it until he fell asleep.

Likewise, Enrique, sixteen years old, worked as a bookbinder in a workshop where he had direct access to the strong glue used for binding. Like Jorge, Enrique often took some of the glue home to inhale in his free time. His employment provided his mother the funds to pay the \$160 pesos rent on the *vecindad* (tenement style home) each month.⁵⁷ Although Jorge and Enrique liked the effects of the chemicals with which they worked, not all minors felt the same way. For instance, seventeen-year-old Laura worked in a paper maché workshop, and the chemicals made her tuberculosis worse.⁵⁸ For every piece of paper maché that she completed she received \$25 pesos cents. In total, she earned between \$15 and \$20 pesos a day. To produce as much as she could and because she was closed up in a small room all day, Laura was exposed to harsh lacquer chemicals. She could not work outside because the sun made the lacquer bubble, and the thinner from the paint would dry up quicker. Laura described that there was no need to intentionally smell the lacquer because just with walking into the workshop one could become intoxicated. The workshop employed many children because employers paid them less, and children completed the same job as adults. The health inspector came to visit the workshop occasionally; however, the inspector

⁵⁶ Lorenzo León Díez y Rodolfo Guzmán, “Curiosidad y Snobismo Hacen Consumir Drogas,” *El Universal* 14 January 1974, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo.

⁵⁷ CTPMI, Caja 2186 exp. 150300, Archivo General de la Nación.

⁵⁸ The interviews conducted by Adela Fernández took place in the late 1960s and early 1970s. Adela Fernández was the daughter of Emilio *El Indio* Fernández, a Mexican film director, actor and screenwriter of the Golden Age of Mexican cinema (the 1940s and 1950s). Adela Fernández was a writer; she wrote 14 books composed of literature, poetry, anthropology, and Mexican history, two short films, and 11 screenplays in her lifetime. She dedicated her life to spreading and preserving Mexican culture and gave Mexican native history and cultures a place of prominence. One article described her as liking to write about tortured souls, “she was versatile, but above all, she was curious.” See <http://www.fronterad.com/?q=adela-hija-indio-fernandez-en-su-voz-mas-intima> Accessed 23 June 2018. Adela Fernández, *Las drogas ¿viaje o retorno? (50 drogadictos relatan su experiencia)* (México, D.F.: Editorial Posada, S.A., 1973), 110.

was the father of one of the owners. Therefore, all he did was make sure that the children were not getting lazy with their work. Laura continued to work there because without having completed her schooling, the best job she could get was as a maid or in a laundry, and she did not want to do that work. Laura explained that if she left work, her family would not have anything to eat, and if she did not eat, then her tuberculosis got worse. If she kept working, then she would have money for food and medicine, but it also came with exposure to chemicals that worsened her condition.

It would be difficult to establish a causal relationship between a minor's employment and the use of industrial chemicals. Nonetheless, there was correlation between minor's access to chemicals and their employment. In this labor section, we met minors who had access to industrial chemicals through their work. Angel, Pedro, Enrique, and Jorge took pleasure from inhaling substances exposed to them at work; so much so, that Enrique and Jorge would steal some of these chemicals to take home. The next section establishes where home was for these inhalant users.

Spaces of Residence in the City

Minors had access to specific types of drugs depending on the places that they lived and socialized. Before he left home, Angel lived with his family of ten on a small lot where the family had built three small rooms. The family lived in a populous neighborhood on the eastern edge of the city, where basic urban services, like roads, running water and sewer, were nonexistent. Residences like this one tells us about their socioeconomic class, as well as the movements of minors through the city. This section examines other characteristics within these spaces, like type of dwelling and their family monthly income. These provide a detailed portrait of the inhalant user and assesses the extent to which their spaces informed their consumption. I first offer a brief

historical context on the growth and population size of Mexico City.⁵⁹ Then, it assesses inhalant users lived in the city, what their family monthly income was, and the types of residences they inhabited.

Examining where inhalant users resided in Mexico City illuminates that they resided in the poorest areas, experienced dire living conditions, and made a significantly less than the average population in the Federal District. These details of inhalant users' lives reveal more accurate points of comparison when discussing users of other drugs, the subject of the subsequent chapter. I also provide concrete examples of what lower-middle to low-income families earned and how they lived in Mexico City in the sixties and seventies, thus, contributing to the body of scholarship that examined Mexico's emergence of the middle-class.⁶⁰ Historian Louise Walker attempted to define who the middle class were in the late 1960s to the 1980s. However, her analysis falls short because the range categories she uses are so varied. My analysis uses the figures from the sample Juvenile Court cases which give a more accurate representation of both low-income and middle-income earnings. Finally, adding to scholarship that has examined the impact of industrialization on the Mexico City, this data elucidates how the growth of Mexico City in the years after Mexico's economic boom affected residents. Urban historians Diane Davis, Robert Jordan, David Yee, and Ariel Rodríguez Kuri, for instance, focus on the state and federal policies to deal with the host of infrastructure problems, like water drainage and housing, that came with a growing megalopolis. I add to this scholarship and demonstrate how some areas grew faster than others and why certain parts of the city were more populated than others.

⁵⁹ For the purpose of this section, I refer to the political boundaries of the Federal District in order to discuss census records and court data. The Federal District is a political unity created in 1928 enjoys a unique administrative status within the confederation of Mexican states.

⁶⁰ Soledad Loaeza, *Clases medias y políticas en México: la querella escolar, 1959-1963* (México: El Colegio de México, 1988); Louise Walker, *Waking from the Dream: Mexico's Middle Class After 1968* (Stanford: Stanford University Press, 2013); James Wilkie and Paul Wilkins, "Quantifying the Class Structure of Mexico, 1895-1970," in *Statistical Abstract of Latin America* (Los Angeles: UCLA Latin American Institute, 1981), page 578-590.

Mexico City's period of rapid economic growth coincided with the fastest era of population expansion and migration to the city. Between 1940 and 1970, the population in Mexico City rose from 1.8 million to 6.8 million. The population under the age of nineteen represented an increasing percentage of the total population. Children under the age of nineteen made up 34 percent of the total population in Mexico City in 1940, and rose to 42 percent in 1970.⁶¹ The Juvenile Court sample shows that 38 percent of inhalant users were between the ages of five and fourteen; in the Mexico City, only 26 percent of the total population fell between these ages. Eleven percent of the total population in Mexico City was between the ages of fifteen and nineteen; 62 percent of inhalant users fell within this age category. In short, there was a high percentage of inhalant users under nineteen when compared to the total population in Mexico City of the same age.

Where did all of these minors live and operate in the city? To answer this question, and for a sense of the city's complexity, a more precise definition of the geopolitical boundaries is required. Mexico City was – and continues to be – internally divided into 16 political-administrative units called delegaciones, identified on Map 1.⁶² Until 1970, the four delegaciones that are today Cuauhtémoc, Miguel Hidalgo, Venustiano Carranza, and Benito Juárez were referred to as “the City of Mexico” in all official government documents, including census records (outlined in black ink on the map).⁶³ Census records provide a bird's eye view of how the city expanded over the period and which areas contained the highest percentages of minors, and inhalant users. In the 1960s and 1970s, the most populated delegaciones of the Mexico City were

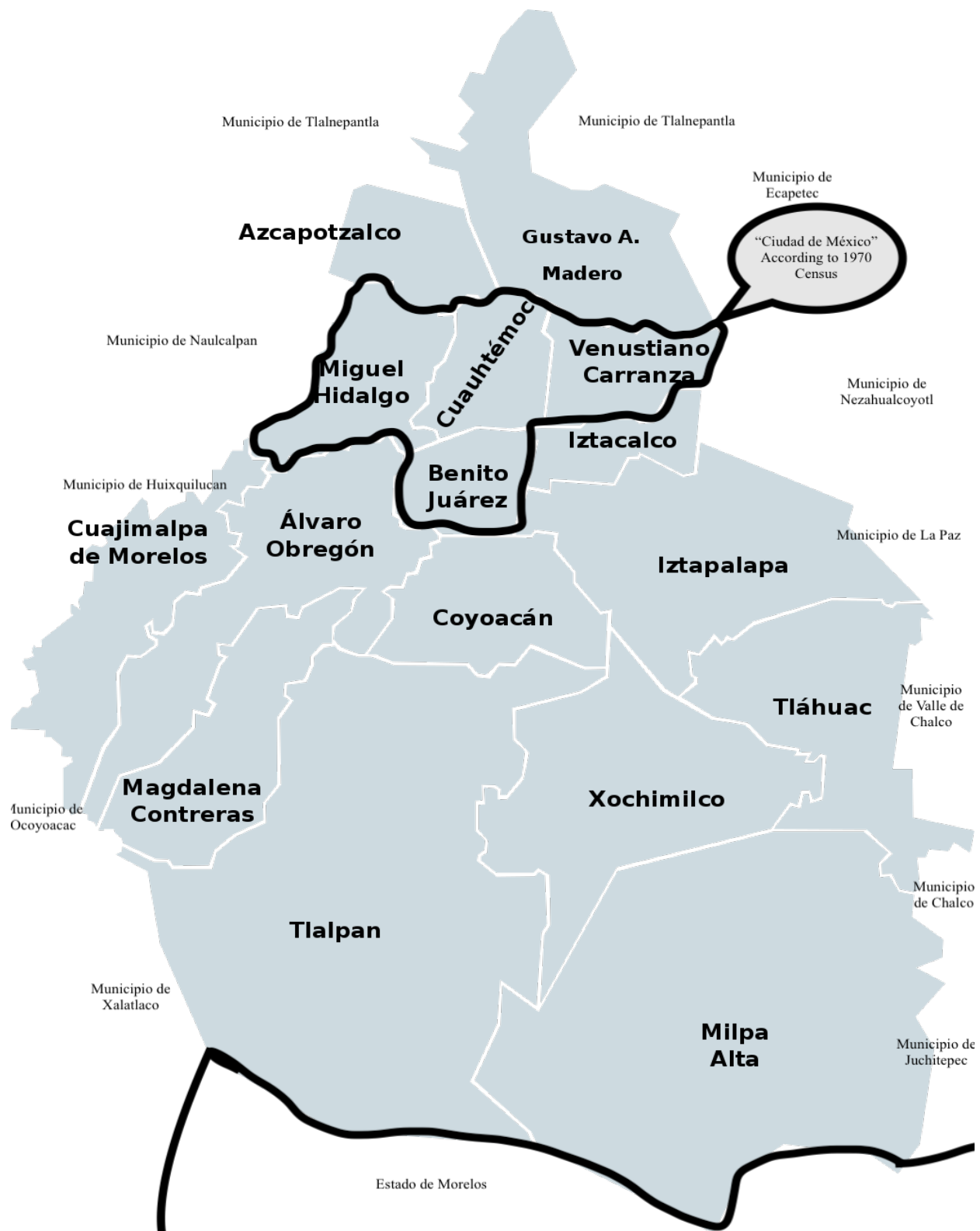
⁶¹ Instituto de estadística, geografía e informática (INEGI), *Censo General de la Población*, México D.F., 1970. See also Terry L. McCoy, “A Paradigmatic Analysis of Mexican Population Policy,” in *The Dynamics of Population Policy in Latin America*, Terry L. McCoy eds. (Cambridge: Ballinger Publishing Company, 1974), 377-378.

⁶² Each *delegación* is made up of several neighborhoods, or *colonias*.

⁶³ These *delegaciones* did exist before 1970 but in census records it is grouped together. Complete census records between 1940 and 1970 exist for each *delegación* as well as the quarters that make up “the city of Mexico,” with each broken down further by age distribution.

<http://www.juridicas.unam.mx/publica/librev/rev/rap/cont/61/pr/pr23.pdf> Ley Orgánica del Distrito y de los Territorios Federales (Reforma del 31 de diciembre de 1970). Accessed August 2, 2019.

“the City of Mexico” (47 percent), Gustavo A. Madero (17 percent), Azcapotzalco (7 percent), Ixtapalapa (7 percent), Ixtacalco (7 percent), and Alvaro Obregón (5 percent). The total number of minors under the age of nineteen in each delegaciones reflects similar patterns as Mexico City. Inhalant users came from comparable areas: “the City of Mexico” (37 percent), Gustavo A. Madero (17 percent), and Alvaro Obregón (8 percent). Inhalant users in the 1960s and 1970s lived and operated within some of the most populated areas of Mexico City.



Map 1. *Delegaciones* of Mexico City, “Municipalities of Mexico City,” *Wikipedia* https://en.wikipedia.org/wiki/Municipalities_of_Mexico_City accessed February 4, 2019. There is no information on the scale of this map. Personally edited.

The history of urban growth in the city explains why some of the above *delegaciones* were more populous: the first has to do with reorganization of the capital under Mexico City's mayor, Ernesto Uruchurtu (1952-1966).⁶⁴ Prior to 1950 most of the population lived in the four central *delegaciones* of the city, or "the City of Mexico," a space that was 70 percent of the urban area.⁶⁵ Between 1950 and 1960, Uruchurtu expanded housing for middle-class families in a policy attempt to push poor and working-class families further from the city center. From the 1960s onward, growth spilled over into the adjacent State of Mexico and the more distant parts of Mexico City, especially with newcomers coming from more rural areas of Mexico. Much of this growth took the form of illegal *colonias populares*, low-income settlements without services and infrastructure that was available in higher income neighborhoods. These settlements grew from 23 percent of these built-up areas in 1952 to between 40 and 50 percent of the area in 1976.⁶⁶

In addition, the location of industrial sites in Mexico City also led to some more populated delegaciones. The largest industrial sites in Mexico City were located in the north east and northwest of the city, principally the Gustavo A. Madero and Azcapotzalco delegaciones. These locations, together with the unsuitability of urbanization of the eastern ex-lakebed areas, determined that the cheapest end of the land market was available to east and north of "the City of Mexico," including Ixtapalapa and Ixtacalco. Therefore, a broad pattern of social differentiation was created between the south and west (richer) and the north and east (poorer). These forms of

⁶⁴ For more on his policies see Rachel Kram Villarreal, "Gladiolas for the Children of Sánchez: Ernesto P. Uruchurtu's Mexico City, 1950-1968," (PhD dissertation, University of Arizona, 2008) and Robert Jordan, "Flowers and Iron Fists: Ernesto P. Uruchurtu and the Contested Modernization of Mexico City, 1952-1966," (PhD dissertation, University of Nebraska, 2013).

⁶⁵ These were Cuauhtémoc, Miguel Hidalgo, Venustiano Carranza, and Benito Juárez. Departamento del Distrito Federal, "Estudio de economía urbana del plan director para el desarrollo urbano del distrito federal, capítulo 3, estructura del uso del suelo," México, 1976.

⁶⁶ Peter Ward and Alan Gilbert, *Housing, the State and the Poor: Policy and Practice in Three Latin American Cities* (Cambridge: Cambridge University Press, 1985), 56.

segregation were not new to Mexico City; the principle difference is that further urbanization reproduced segregation over a much larger area.⁶⁷

The layout of Mexico City was exaggerated through the distribution of population according to income levels. In the 1960s and 1970s, the highest income neighborhoods, or colonias,⁶⁸ were in the south and west of the city: Jardines de San Ángel and Las Lomas (de Chapultepec and de Reforma), and places where the second highest income earners lived were Polanco, Anzures, and Nápoles. Some middle level neighborhoods included Roma, Narvarte, and La Condesa. In contrast, the poorest neighborhoods were found in the eastern and northern peripheries of Mexico City; areas such as Nueva Atzacolco, Merced Balbuena, and La Villa. The central part Mexico City, specifically around the city center, was home to lower to intermediate income families, because in most cases, the inner-city population was stable working class, closely tied into the local economy. A systematic attempt to analyze the process of how income levels were distributed across Mexico City was made using census data. Until 1970, there was a tendency towards greater polarization between areas (north and east versus south and west).⁶⁹ The end of the 1970s witnessed further residential exclusion, as high-income earners established new areas of living preference and as infrastructure developments transformed particular zones of the city.

The geographic, social, and income distribution discussed above was reflected in the data from the Juvenile Court cases. Inhalant users mostly resided in the poorer northern and eastern parts of the city. They came from lower to lower-middle income families. Inhalant users and their

⁶⁷ Andrés Lira, *Comunidades indígenas frente a la ciudad de México. Tenochtitlán y Tlatelolco, sus pueblos y barrios, 1812-1919* (México: Colegio de México, 1983); Sonia Lombardo, “Esplendor y ocaso colonial de la ciudad de México,” in Gustavo Garza eds *Atlas de la Ciudad de México* (México: Departamento de Distrito Federal y Colegio de México, 1987): 60-63; Morales, “La expansión de la Ciudad de México, 1858-1910,” in Gustavo Garza eds *Atlas de la Ciudad de México* (México: Departamento de Distrito Federal y Colegio de México, 1987): 64-68; Pablo Piccato, *City of Suspects: Crime in Mexico City, 1900-1931* (Durham: Duke University Press, 2011).

⁶⁸ The neighborhoods were inside of the *delegaciones*.

⁶⁹ Rosa María Rubalcava and Martha Schteingart, “Diferenciación socio-espacial intraurbana en el área metropolitana de la ciudad de México,” in *Estudios Sociológicos* Vol. 3 No. 9 (1985): 481- 514.

families resided primarily in the neighborhoods of San Juan de Aragón, La Villa, Nueva Atzacolco, and Gabriel Ramos Millán. According to the 1970 census data, 16 percent of the Mexico City population made less than \$500 pesos a month; 47 percent of the total population in Mexico City made less than \$1000 pesos a month; and 53 percent earned more than \$1,000 pesos a month.

From 1960 to 1975, differences materialize through the Juvenile Court records between the total population and inhalant users' families. Sixty six percent of inhalant users came from families that earned less than \$1000 pesos per month. Only 23 percent of inhalant users came from families that earned more than \$1000 pesos a month. For example, in Angel's family the only documented breadwinner was his mother, who earned \$35 pesos a day, or \$840 pesos a month. Compared to the census data for the total population at the time, Angel's family would be considered a low-income family. Below, Table 2 helps to clarify these findings. In sum, inhalant users typically came from families that earned less than \$1000 pesos per month, and were part of low-income families when compared to the total population.

Table 2. Statistics Comparing Marijuana and Toxic Inhalant Users to Total Population.

	Marijuana Users	Inhalant Users	Total Population
Percentage Income Less than \$500	18%	34%	16%
Percentage Income More than \$500	25%	32%	31%
Percentage Income More than \$1000	28%	23%	38%
Percentage Income more than \$2500	29%	11%	15%

CTPMI, Archivo General de la Nación, 1960-1975; and “IX Censo General de la Población 1970,” Secretaría de Industria y Comercio, Dirección General de Estadística, 28 de enero 1970.

Although the wealth of private, foreign, and government was focused in Mexico City, housing and living conditions were subpar.⁷⁰ In 1970, there was an average two people per room; 40 percent of dwellings had no internal water system; and 25 percent of homes were without any formal systems of drainage.⁷¹ Many of these dwellings came in the form of rental tenements, *vecindades*, that compromised old elite residences in which a household occupied a single room, and shared a toilet as well washing facilities with other tenants, which were located in the patio area.⁷² In the 1940s, many of these tenements in and around the city center “froze” their rents.⁷³ This led to a withdrawal of investment in rental housing by landlords and greater population

⁷⁰ Diane Davis, *Urban Leviathan: Mexico City in the Twentieth Century* (Philadelphia: Temple University Press, 1994); Susan Eckstein, *The Poverty of Revolution: The State and the Urban Poor in Mexico* (Princeton: Princeton University Press, 1977); Gilbert and Ward, *Housing, the State and the Poor*; Piccato, *City of Suspects*; David Yee, “Divided Landscapes in the Mexican Metropolis: Housing and Segregation in Mexico City, 1940-1976,” (PhD Dissertation, Stony Brook University, 2018)

⁷⁰ Instituto de Estadística, geografía e informática (INEGI), *Censo General de la Población*, México D.F., 1970.

⁷¹ Ibid.

⁷² For a couple of studies based on *vecindades* see Oscar Lewis, *The Children of Sánchez: Autobiography of a Mexican Family* (New York: Penguin Books: 1965); and Kristyna Omastova, “Tepito y su transformación desde 1960 hasta el presente. Formas presentes de la cultura de la pobreza,” tesis para la Facultad de Filosofía y Letras, Centro de Estudios Iberoamericanos, Universidad Carolina (2017).

⁷³ Susan Eckstein, “Formal versus substantive democracy: poor people’s politics in Mexico City,” in *Mexican Studies/Estudios Mexicanos* Vol. 6 (1990): 213-239.

stability among many working-class households in the central city area. By the 1970s, many of these buildings were dangerously dilapidated and there was an absolute decline in the downtown rental housing stock as buildings literally collapsed.⁷⁴ Newer vecindades were located in the older, irregular settlements. Developed by petty landlords, these tenements were much smaller than their precursors and usually housed between five and fifteen families. By the mid-seventies, these accommodated around 35 to 40 percent of the city's population.⁷⁵ In addition, there were areas on the outskirts of the city that began as illegal subdivisions, created through land invasions by *paracaidistas* (literally "parachutists", but referring to squatters) or through illegal sale by the landowner. People who lived in these areas did not have access to basic public utilities or public transportation, and the subdivision of the land left room for streets, but none for parks, churches, markets, or schools.

The Juvenile Court data on inhalant using minors between 1960 and 1975 reveals that 45 percent of inhalant users, like Angel, came from families that lived in vecindades or jacales (makeshift shacks). The other 55 percent of inhalant users lived in a combination of the following: apartments, houses, with their employers, on the street, or in a small room in the basement of a building. For example, Jesus was an eleven-year-old-boy and one of the many squatters who lived in a jacal, like the one in Image 5 below. Jesus was arrested and detained six times in the Juvenile Court between 1960 and 1968, including an arrest for inhaling paint thinner (although on every instance of his arrest, his file noted he was a habitual thinner user).⁷⁶ Jesus lived with his mother, grandmother, and six siblings in the northern delegación of Azcapotzalco. Together, they helped

⁷⁴ COPEVI, *La producción de Vivienda en la zona metropolitana de la ciudad de México* (México: COPEVI A.C., 1977). See also CTPMI, Caja 1181 exp. 124706, Archivo General de la Nación.

⁷⁵ Peter Ward, "Una comparación entre colonias paracaidistas y ciudades perdidas de la Ciudad de México. Hacia una nueva política," *Investigaciones Geográficas*, No. 8 (1977): 101-121.

⁷⁶ CTPMI, Caja 1229 exp. 128307, Archivo General de la Nación.

pay the \$75 pesos rent a month for a small lot, in which wooden *cuartitos*, little rooms, were built. Their home lacked basic utilities like running water and light. The latter they stole from the district's street lighting. The caseworker classified the barrio as "populous, inhabited by poor people," with various *pulquerías*.⁷⁷ The caseworker also reported that marijuana was grown in a giant dump nearby, perhaps for working-class use or to sell.



Image 5. Family of Five living in a *jacal* in the *delegación* of Gustavo A. Madero. Martín del Campo, "Niños Desheredados de la Fortuna, Parte I, 'La Prensa, 18 July 1966, Page Number Not Available, Biblioteca Lerdo de Tejada, Archivos Económicos, Carpeta Drogas Consumo. Photograph is the authors.

⁷⁷ Ibid.

There were, of course, minors who were homeless. Being on the street was a part of the everyday lives for certain minors. Recall Angel who lived in Plaza Garibaldi; he left home at nine years old because his father used to beat him. Angel was like many who lived on the street and partook in the inhalation of industrial chemicals as a part of his everyday life.⁷⁸

Caseworkers recorded that 15 percent of inhalant users who were detained by the Juvenile Court did not have a home. This number in actuality was much higher, as many children had left their homes as places of residence — many children described in their testimonies that they had left home, sometimes for days or weeks. For instance, Arturo was homeless at nine years of age. In 1969, he was detained alongside five other boys of similar ages for stealing a several items from a parked car. Arturo described that he left his home when he was eight, and since then, had met a few friends with whom he survived. This group of boys encountered a man who lived in Gustavo A. Madero. Arturo reported that this man taught Arturo and his friends to sniff glue, to rob, and then forced them to have sexual relations with him. The caseworker stated that Arturo was “materially and morally abandoned,” and therefore interned him in one of the state’s group homes. However, Arturo escaped only to be arrested once again in 1971; this time for public intoxication offenses. The police arrested Arturo a total of four times, and the last entry in his file indicated that he had sniffed glue daily since he was nine-years-old.⁷⁹ On all occasions, the caseworker indicated that he lived an “immoral life of vagrancy.” While filled with bias from his caseworker, Arturo’s case tells us a little more about life on the street for some of these minors.

⁷⁸ In addition to the studies referenced above, see also Leal, Mejía, Gómez y Salinas de Valle, “Estudio naturalístico sobre el fenómeno del consumo de inhalants en niños de la Ciudad de México.” See also Lourdes Romero y Lisha Jacobo, “Reporte final de la investigación social sobre la epidemiología de la farmacodependencia en el Distrito Federal,” CEMEF, Instituto Mexicano de Estudios Sociales, Fondo: Secretaría Particular, Archivo de Secretaría de Salubridad y Asistencia, mayo 1974, Caja 279, Exp. 2.

⁷⁹ CTPMI, Caja 2267, exp.158677, Archivo General de la Nación.

The (Unsettling) Universality of Drug Abusing Minors

If we consider Angel's situation, in which he decided that living on the street with his community of friends was better than living at home, then perhaps these situations are not the "immoral" ones categorized by the caseworkers.

Globally, abuse of toxic industrial chemicals helped dull the senses against the hardship of the street, but more importantly, it provided a link to the support structure of the 'street family' as a symbol of shared experience.⁸⁰ The authors of the study conducted on industrial chemical use among Kenyan minors argued that dependence on glue was preceded by dependence on 'street families.' Therefore, organizations working to rehabilitate street children needed to ensure they worked through, rather than in conflict with, the 'street family.'⁸¹ Similarly in Brazil, anthropologist Tobias Hecht conducted a study that revealed that sniffing glue was a part of a street minor's daily life. Sniffing glue involved sharing, sleeping, and using drugs with other street children to nurture family and community.⁸² Children sniffing glue in the Brazilian study did so because they liked it, not because it stifled hunger, as some studies focusing on poverty have claimed. Some even found that sniffing glue increased hunger when the glue wore off.

These studies illuminate that street children viewed themselves with agency; they were not abandoned and helpless. They were individuals, making choices, and trying to survive on the streets. In these studies, the children claimed that they were not hapless and exploited victims.⁸³ As such, these authors defined childhood using street children's terms, rather than use the physical, chronological and psychological paradigm that usually determines childhood. Studies in Mexico that focused on street children explained inhalant use as an acquired form of pleasure, particularly

⁸⁰ Cottrell-Boyce, "The Role of Solvents in the Lives of Kenyan Street Children."

⁸¹ Ibid.

⁸² Tobias Hecht, *At Home in the Street*.

⁸³ Ibid.

in group settings.⁸⁴ Like in Kenya and Brazil, part of the pleasure of sniffing glue lay in having fun with other minors. The practices of inhalant use among street children and across regions yields universality, in that they were typically lower-income minors. Street children did not see themselves as victims, but as active participants in the daily world of adults, with contributions to make to their families and communities. Sharing was the norm for these minors, as was participating in the adult world for work and survival. Arturo's case shows one example of what life could be like on the street, but for other minors, spending time on the street was a necessary part of life because of their work situation.

Conclusion

The 1960-1975 data from the Juvenile Court that was examined above demonstrates common characteristics of the toxic inhalant user. By following inhalant users into their principal spaces, I showed that these minors typically did not go to school. Most of these minors had a low primary school education level because they had to work. In most cases, inhalant users held informal jobs, such as shoe shining, selling gum on the streets, or working as an errand boy in the marketplace. Inhalant users often lived in the poorest parts of the city, or even the most industrial parts of the city; resided in overcrowded tenement style housing; and came from lower-income families when compared to the total population.

To consume inhalants, minors often chose public, open spaces where they could easily blend in and go unnoticed. In most cases, minors inhabited the physical and social fringes of society. By the 1980s, inhalant use marked low social, socioeconomic, and educational status.⁸⁵

⁸⁴ Gigengack, "La banda de gari," and "Inhalant Drug Use and Street Youth."

⁸⁵ De la Garza, Mendiola, Rábago, "Adolescencia marginal e inhalants;" Gigengack, "The *Chemo* and the *Mona*;" Rafael Gutiérrez and Leticia Vega, "Informe preliminar de un programa para disminuir los daños asociados con la inhalacion de toluene en los "niños de la calle," *Salud Mental* (1999): 75- 78; Guitérrez y Vega, "Las interpretaciones,

Inhalant use operated as one marker of status; alongside other criteria such as family, neighborhood, occupation, and residence. Inhalant use became tied to low income status, and therefore shaped and helped shape social exclusion. These aspects made up a culture of inhalant use in Mexico City, and by the 1980s, marked the boundary of street children, children of street families, gang youths, and those who hung out on the streets but still lived with their families. The next chapter explores the socioeconomic characteristics of the marijuana user, and provides a detailed conclusion that compares the marijuana and inhalant user.

las practices y las reacciones sociales del uso de solvents inhalables entre los llamados niños “de la calle;”” Maria Elena Medina-Mora, Arturo Ortiz, Carlos Caudillo, Salvador López, “Inhalación deliberada de disolventes en un grupo de menores mexicanos,” in Martha Mayagoitia Talamante eds., *Compilaciones de investigaciones específicas en disolventes inhalables* (México: Centros de Integración Juvenil, 1988), p 319 – 351; Maria Elena Medina-Mora, Rafael Gutiérrez and Leticia Vega, “What happened to street kids?” An Analysis of the Mexican Experience.” *Substance Use and Misuse* Vol. 32 no. 3 (1997): 293-316; Leticia Vega, Rafael Guitérrez, Eva María Rodríguez, Patricia Fuentes de Iturbe, “El consume de inhalables en las practices de socialidad de dos grupos de estudiantes de secundarias públicas,” *Salud Mental* Vol. 38 No. 6 (2015): 417-425

Chapter Six: A Collective Profile of Marijuana Users

Introduction

In 1972, sixteen-year-old Antonio was arrested for alleged prostitution and smoking marijuana in the Zona Rosa, a multiblock shopping and café district frequented by affluent Mexicans.⁸⁶ Antonio had started working at thirteen as an employee in a shop, earning \$90 pesos weekly; but as a prostitute, he made more: \$100 to \$200 pesos daily. In his appearance at the Juvenile Court, Antonio explained he felt that he was not normal since he was little, and had "homosexual tendencies;" even his family did not understand him. His friends introduced him first to marijuana and then taught him how to prostitute himself. He asked the caseworker to "let [him] be," because he was happy and "no one has the right to embitter (*amargar*) his life."⁸⁷ The caseworker observed that Antonio was depressed, but "sincere" about keeping his promise to behave.⁸⁸ Antonio was then released to his family. Antonio's story tells us a little more about what marijuana users were like during the 1960s and 1970s, from how marijuana users accessed the drug, where they consumed marijuana, and what their family background was like. As such, this chapter examines the collective portrait of the marijuana user.

Like the previous chapter, we explore the cost, availability, locations of purchase and consumption, and motivations for marijuana drug use. This chapter will also cover family income, occupation, residences and addresses for the minor, where minors worked, and where they consumed drugs as categories to create a portrait of the marijuana user. The motivations for marijuana drug use were entirely different and entirely dependent on the social class of the minor.

⁸⁶ Consejo Tutelar Para Menores Infractores, Caja 2269 exp. 158967, Archivo General de la Nación. Hereafter, CTPMI.

⁸⁷ Ibid.

⁸⁸ Ibid.

I assess the relationship between drug consumption and social class, and how they reinforced one another. The marijuana user serves as a point of contrast to the inhalant user: The marijuana user was older than the inhalant user (between fourteen and seventeen years old), typically lived in more affluent parts of the city, and had a higher likelihood of staying in school. There were also more females who used marijuana than industrial chemicals. Moreover, the marijuana user navigated the city, consumed and purchased marijuana in distinct locations, and had different effects using marijuana. Together, these characteristics aid our understanding of the culture surrounding drug use, and the various forms of consumption.

I begin this chapter by examining the spaces of purchase and consumption. I follow a thorough investigation of the spaces of living, and end with spaces of employment. This chapter uses the sample of Juvenile Court cases and cross references with the 1970 census data in order to place the marijuana user population in contrast to Mexico City minors of the same age.⁸⁹ In the 1,042 cases where drug use was present, 460 of these cases involved the use of marijuana.⁹⁰ From this data, I conclude that marijuana users had distinct characteristics that differentiated them from the rest of their peer population, as well as from toxic chemical inhalers.

Spaces of Purchase, Consumption, and Taste

Antonio's story reveals much about marijuana culture and the social class status that its use represented. Aside from his "homosexual tendencies" and prostitution, Antonio was similar to other Mexican marijuana users. He was a teenage male, exposed to marijuana through his friends,

⁸⁹ The census was carried out every ten years in Mexico City. I chose to focus on the 1970 census for two main reasons. First, it was the most complete in the archives; that is, it contained the most information for the categories I was analyzing. Second, the majority of inhalant users from the Juvenile Court cases appeared between 1968 and 1974, and therefore, the 1970 census most accurately represented the minors I was analyzing.

⁹⁰ These cases may have also included the use of toxic solvents.

liked to spend his free time in and smoke marijuana in the Zona Rosa, and he came from a middle-class family. Antonio was able to purchase small amounts in the area where he worked, the Zona Rosa. Compared to industrial chemicals, accessibility to marijuana was a bit more challenging; but considering its illegal status, it was not a difficult find. This section explores where young Mexicans acquired or purchased marijuana. This was an important part of the culture surrounding the drug. Due to its illegality, acquiring marijuana was a clandestine affair that often took place through the minor's social circle. Minors could buy marijuana through people that they knew, either in school or in their neighborhoods.

Like Antonio, seventeen-year old Andrés also purchased and smoked marijuana in the Zona Rosa. In 1968, Andrés was driving around the Zona Rosa looking for the older man in the area who sold marijuana.⁹¹ When Andrés found the older man, he bought his usual few marijuana cigarettes and returned to his car. Shortly after this purchase, the police stopped and searched Andrés. The police discovered the marijuana Andrés had just purchased, and asked him for a \$5,000 pesos bribe to let him go without being detained. Andrés did not respond to the bribe attempt and did not give the police any money. Andrés said that the police probably followed him, watched him buy the marijuana, and then stopped him so they could bribe him. Police corruption was a factor in possession of marijuana that was not present with inhalant users. Police could not make money off of inhalant users because the minors who were typical inhalers of chemicals did not have access to this amount of money.

Marijuana was even present within the Juvenile Court, and minors could easily gain access to the drug within the Court's detention system. In 1970, the police detained fourteen-year-old

⁹¹ CTPMI, Caja 1283 exp. 131542, Archivo General de la Nación.

Guillermo for attempted rape.⁹² He remained within the Juvenile Court in detention for six months, and then he was sent to a group home for children. Guillermo stated that the transfer was his salvation because the group home would help him get rid of all the vices he learned from being in the Juvenile detention center.⁹³ He explained that the “so-called teachers and caregivers” forced him to smoke marijuana and that they even gave him LSD. Once addicted, these adults then sold it to him. A single marijuana cigarette cost about \$20 pesos inside the detention center, whereas the street cost was three cigarettes for \$5 pesos. Those who had friends on the outside, or those whom the instructors favored, could buy a single marijuana cigarette for \$5 pesos. Guillermo explained that the director of the Juvenile Court, Dr. Gilberto Bolaños Cacho (serving 1938-1972), sold marijuana to minors in the Juvenile Court as a side business.⁹⁴ Guillermo declared that Dr. Bolaños Cacho was the true definition of “*gandalla*” or bad guy.⁹⁵ Stories like this within the Juvenile Court detention centers were common and demonstrated a certain level of corruption within the Juvenile Court.

Some minors made a living selling “that green stuff,” and therefore their fellow youth could find marijuana on the street.⁹⁶ These petty dealers were known as “tankers,” or “*petroleros*,” and approached minors that had a “*fresa* face,” (literal translation “strawberry face,” and refers to someone who appears to have money), and offered them “*cafecito a la mostaza*, a slang term for marijuana.”⁹⁷ Parents sometimes exposed minors to marijuana. Ana Gómez was the teenage daughter of a woman who started smoking marijuana in jail. Ana’s mother, realizing that selling

⁹² Adela Fernández, *Las drogas ¿viaje sin retorno? (50 drogadictos relatan su experiencia)* (México, D.F.: Editorial Posada, S.A., 1973), 56.

⁹³ Ibid, 57.

⁹⁴ Ibid.

⁹⁵ Ibid.

⁹⁶ Adela Fernández, *Las drogas ¿paraíso o infierno? El consumo en México y el mundo* (México D.F.: Editorial Posada, S.A., 1973), 48.

⁹⁷ “Cafecito de mostaza” was slang for marijuana. Adela Fernández, *Las drogas ¿paraíso o infierno? El consumo en México y el mundo* (México D.F.: Editorial Posada, S.A., 1973), 48.

marijuana could be a profitable business began selling it in the women's penitentiary. Once Ana's mother was released, Ana and her mother began selling marijuana to school children in a middle-class neighborhood outside of the city.⁹⁸ Others tactics included approaching minors at parties. In 1973, one young woman stated that she sometimes paid for marijuana with sexual favors, what she called “*cariñitos*” (little caresses).⁹⁹ Some young Mexicans even had their go-to dealers or even little marijuana plants at home. For example, José Manuel had his dealer, known as “El Juan,” who worked at Campo Militar Número Uno, but was not in the military.¹⁰⁰ José Manuel bought marijuana leaves and seeds for \$50 pesos from “El Juan.” Young Mexicans found many ways to purchase or gain access to the drug; locations varied from getting it on the street, in or at the Juvenile Court and its detention centers, parents, and from private parties.

Although the Zona Rosa was the most notable, there were other areas of Mexico City where minors consumed marijuana. Graph 8 reveals that inside houses or apartments, parks, coffee shops, and inside cars were the most common places where minors chose to consume marijuana.¹⁰¹

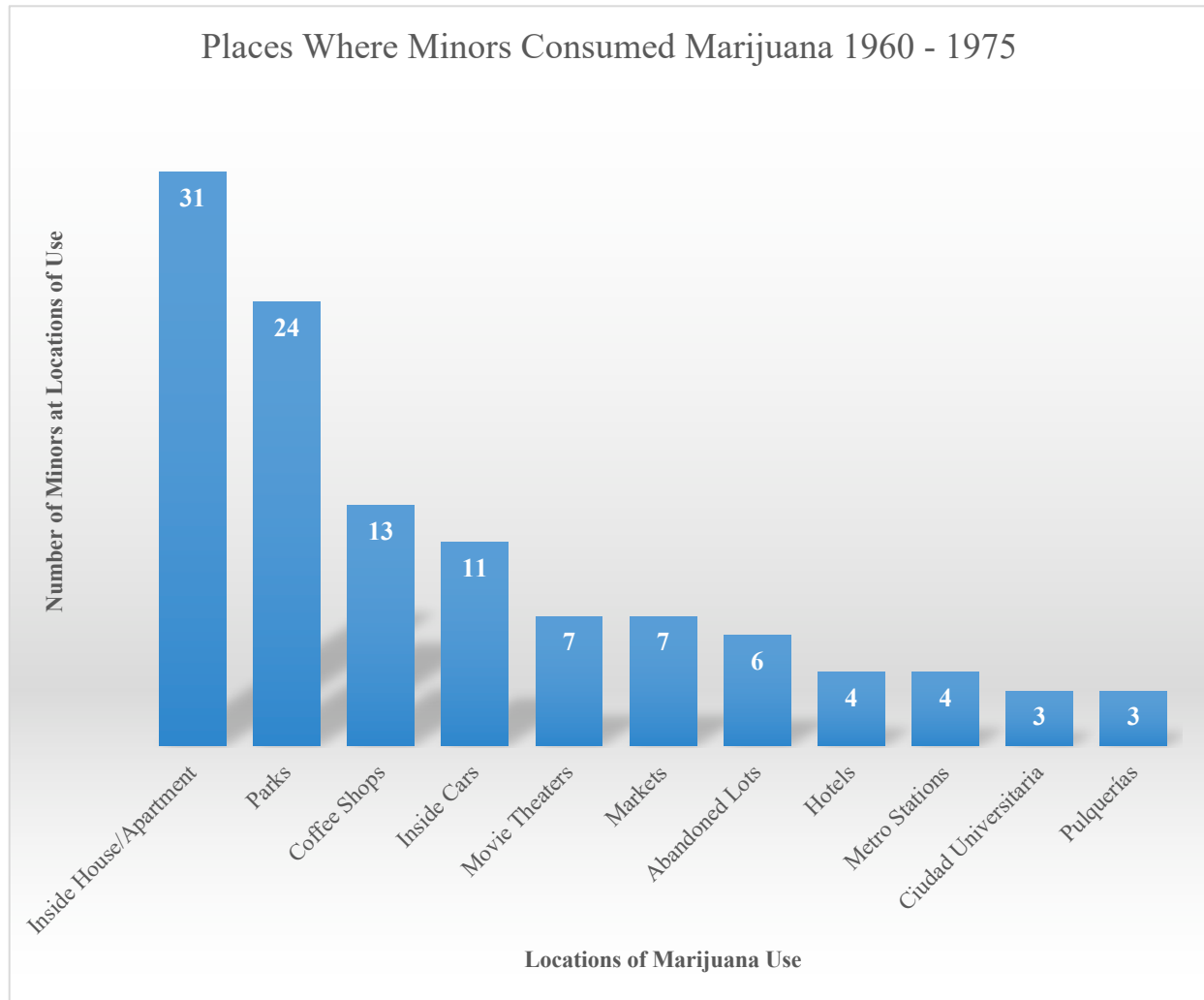
⁹⁸ CTPMI, Caja 1360, Exp. 136712, Archivo General de la Nación.

⁹⁹ Fenández, *Las drogas ¿paraíso o infierno?* 80.

¹⁰⁰ CTPMI, Caja 1229, Exp. 128330, Archivo General de la Nación.

¹⁰¹ The figures specify the number of cases in which the place of consumption appeared. These figures were collected based on the number of incidents in which the minor's case specified where a crime was committed. The figures then considered the consumption location of marijuana.

Graph 7.



Consejo Tutelar Para Menores Infractores, Archivo General de la Nación.

Graph 8 highlights some interesting details about spaces of marijuana use. First, minors typically consumed marijuana indoors. Second, marijuana users consumed in different places than inhalant users consumed. While inhalant users chose public, crowded open spaces in which to use marijuana smokers looked for spaces with more privacy. It is possible that marijuana users chose more intimate spaces because of the illegality of marijuana: as it was illegal to purchase, possess, or consume marijuana, it was necessary to find spaces that were not public. Third, these marijuana using spaces were places that could not be accessed by inhalant users. Inhalant users lived in

crowded vecindades (tenement style homes) that only had one or two rooms; in these crowded areas, it was almost impossible for them to hide their activities or their behaviors go undetected. Marijuana users, on the other hand, lived in houses or apartments that often had more than three bedrooms, plus a kitchen, a bathroom, and a living room. Some homes had even more rooms. It was easier for marijuana users to hide from parents or siblings within the house, and could even consume from the privacy of their own room. Marijuana users had the luxury of having a spacious home environment, like a house, where they could consume drugs in private. A private space provided the opportunity to smoke and go unnoticed. Fourth, the data suggests that marijuana users had more free time to smoke. For working marijuana users, they most likely had the time to smoke in on their breaks. Unlike inhalants, marijuana was not a drug that was easy to hide in the workplace primarily due to the scent that it left. Finally, marijuana users needed spaces that did not see the same flow of people that metro stations, markets, and parks witnessed. Unlike inhalant users, marijuana users did not use in spaces of transition. The spaces that marijuana users frequented were not as popular or busy.

As Graph 8 shows, coffee shops were common locations for minors to smoke marijuana. Many of these coffee shops were in the Zona Rosa.¹⁰² Located about two miles away from the city center, the Zona Rosa was a bohemian mecca, where artists gathered to sit in posh coffee shops that lined the streets of the neighborhood.¹⁰³ Eric Zolov described this area as a conglomeration of

¹⁰² Reportedly baptized the “Pink Zone” by the iconoclast artist José Luis Cuevas. See Arden Decker, “Los Grupos and the Art of Intervention in 1960s and 1970s Mexico,” (PhD The City University of New York, 2015).

¹⁰³ See Sophia Koutsoyannis, “Immoral But Profitable: The Social and Cultural History of Cabarets in Mexico City (1920-1965),” (PhD, York University Toronto 2010); Carmen Graciela Ornelas Tavárez, “Espacio público y ciudadanía en la Zona Rosa de la Ciudad de México,” Patricia Ramírez Kuri, eds., *Las disputas por la ciudad: Espacio social público en contextos urbanos de Latinoamérica y Europa* (México: Universidad Nacional Autónoma de México, Instituto de Investigaciones Sociales, 2014); Ageeth Sluis *Deco Body/Deco City: Spectacle and Modernity in Mexico City* (Lincoln: University of Nebraska Press, 2016), and Eric Zolov, *Refried Elvis: The Rise of the Mexican Counterculture* (Berkeley: University of California Press, 1999).

the cosmopolitan sides of Mexico City life.¹⁰⁴ The Zona Rosa offered a counterculture zone for Mexican middle-class minors, a shopping district for the upper-class who came to display their cars and fashions on the café-lined streets (like image 6 below), and a tourist destination for visiting hippies from abroad. The area, lined with art galleries, cafés, restaurants, boutiques, and street vendors, all expressed an “avant-garde aesthetic;” an atmosphere of a modern, progressive, and liberated Mexico.¹⁰⁵ This aesthetic existed only within the confines of several square city blocks. Aspiring Mexican *jippies*¹⁰⁶ appropriated the avant-garde styles of foreign hippies, mixing their pop culture mixed with indigenous clothing and jewelry. For many young Mexicans, the Zona Rosa was the locus of counterculture rebellion, a place to experience drugs and rock music. Marijuana users were average middle-class Mexicans who saw the use of marijuana and the spaces of consumption, especially the Zona Rosa, as a symbol of their class status.

¹⁰⁴ Zolov, *Refried Elvis*.

¹⁰⁵ Zolov, *Refried Elvis*, 111.

¹⁰⁶ On *La Onda* and the *jippie* movement see for example José Agustín, *La tumba* (México: Ediciones Mester, 1964); Héctor Anaya, “El poder juvenil,” *El Heraldo de México*, 8 September 1968; Gabriela Careaga, *Mitos y fantasías de la clase media en México* (México: Joaquín Mortiz, 1974); Margo Glantz, *Onda y escritura en México: jóvenes de 20 a 33* (México: Siglo XXI, 1971); Enrique Marroquín, *La Contracultura como protesta. Análisis de un fenómeno* (México: Joaquín Mortiz, 1975); Carlos Monsiváis, *Días de guardar* (México: Ediciones Era, 1970); José Ganem Pérez, “Los Hippies y los Hongos Alucinógenos en la Sierra de Oaxaca,” Procuraduría General de Justicia del Distrito y Territorios Federales, 1969, Secretaría de Salubridad y Asistencia, Subsecretaría de Asistencia, Caja 28, Exp. 4.

Image 6. Zona Rosa, Perro Andaluz, 1979. Picture taken from <https://www.facebook.com/laciudaddemexicoeneltiempo/> Accessed March 7, 2019.

Coffee shops, like the ones lining the above photograph, were popular gathering places for many minors in the 1960s and 1970s in Mexico City, particularly in the Zona Rosa. It was a place minors would go to be seen. That is why Andy Luisa and Silvia, both seventeen-years old, were at the Café Holanda in the Zona Rosa when the secret police arrested them in 1975.¹⁰⁷ According to the police, Andy Luisa and Silvia were smoking marijuana in the coffee shop. Both girls countered that they were sitting drinking coffee when a van pulled up; the police got out, and then started yelling at everyone in the coffee shop that they were under arrest. However, in the Juvenile Court, Andy Luisa and Silvia confessed that they liked to drink and smoke marijuana in the area. Andy Luisa's caseworker found her to be a "liar, and very aggressive."¹⁰⁸ Silvia's assigned psychologist described that Silvia "tried to avoid conflict due to her deep feelings of inferiority and solitude," and thought Silvia lacked "proper guidance and orientation."¹⁰⁹ In Chapter Four, we learned that

¹⁰⁷ CTPMI, Caja 2054 exp. 159712 and Caja 2279 exp. 160017, Archivo General de la Nación.

¹⁰⁸ CTPMI, Caja 2054 exp. 159712, Archivo General de la Nación.

¹⁰⁹ Ibid.

Andy Luisa and Silvia were detained for fifteen days, started problems in the system, and tried to escape many times. In the end, Andy Luisa's Costa Rican citizenship was cited as a reason to expel her back to her home country, and Silvia had to report monthly to the Court. But their experience in the Zona Rosa was exemplary of the types of activities and police arrests in the area in order to crack down on unruly minors rampaging through the city.¹¹⁰

Celina also liked to spend her time in coffee shops, but for different reasons than Andy Luisa and Silvia. In December of 1971, Celina's parents interned their twelve-year-old daughter in the Juvenile Court because Celina joined a religious cult called "La Casa de El," which met at a café in the Colonia Guerrero.¹¹¹ Since Celina joined the cult, her parents noticed that she had started taking pills, smoking marijuana, and coming home intoxicated. Celina also started running away from home; when they found her, she was with a man in the Zona Rosa, selling marijuana. The second time she ran away from home, her parents found her with a friend in a boy's house; she and her friend were severely intoxicated. Celina explained that she ran away from home, did drugs, and joined a cult to get away from her mother, but that in the cult she found she "was changed," and "truly got closer to God."¹¹² She took drugs to "take my own life because death is better than suffering alongside my parents who do not want me either."¹¹³ The caseworker, however, found that she was "acting" and "putting on a show" regarding the situation with her parents because they were "well integrated, lacking vices," and "worried about their daughter" taking drugs and spending time with "bad friends."¹¹⁴ She was released a year later from the Juvenile Court Correctional School, but Celina's parents took her back to the Juvenile Court

¹¹⁰ See Chapter One for more on this.

¹¹¹ CTPMI, Caja 2178 exp. 149446, Archivo General de la Nación.

¹¹² Ibid.

¹¹³ Ibid.

¹¹⁴ Ibid.

because she continued to go to cafés, do drugs, and spend time with "bad influences."¹¹⁵ Celine was then interned in a correctional school. The consumption of marijuana took place in spaces of relative privacy, and many ways, of privilege. Inhalant users lived and negotiated their way through the city on the margins. Marijuana users had access to homes, had money to pay for coffee, or *time* to go to a friend's house or sit in a coffee shop.

Like with the use of industrial chemicals, the location of consumption had an effect on the experience of the drug.¹¹⁶ For many middle-class and upper-class minors who consumed marijuana, these spaces offered an experience of leisure, relaxation, and a sense of being carefree.¹¹⁷ Documents noting the effects of marijuana, such as an altered state of consciousness, were more plentiful than the effects of industrial chemicals. Caseworkers in the Juvenile Court commonly asked minors for descriptions about the effects and questioned about why marijuana users smoked the drug. These explanations and questions were not normally asked of inhalant users. The literature of the time also reflects the interest in marijuana experiences in effects over inhalant use.¹¹⁸ It was almost as if the idea of acquiring a taste for inhalants was unthinkable and therefore not even asked about because it was a substandard drug. Due to the work of many

¹¹⁵ Ibid.

¹¹⁶ Howard Becker, "History, Culture and Subjective Experience: An Exploration of the Social Bases of Drug-Induced Experiences," *Journal of Health and Social Behavior* Vol. 8 No. 3 (1967): 163-76; Jon Elster, *Strong Feelings: Emotion, Addiction, and Human Behavior* (Cambridge: MIT Press, 1999); Norman Zinberg, *Drug, Set and Setting: The Basis for Controlled Intoxicant Use* (New Haven: Yale University Press, 1984).

¹¹⁷ Howard Becker, "On Becoming a Marihuana User," *American Journal of Sociology* Vol. 59 No. 6 (November 1953): 235- 242; David Courtwright, *Forces of Habit: Drugs and the Making of the Modern World* (Cambridge: Harvard University Press, 2002).

¹¹⁸ For example, "Estudio con adolescentes en el Tribunal de Menores y la Escuela de Orientación Varones," 1972-1973, Centro Mexicano de Estudios en Farmacodependencia, Secretaría de Salubridad y Asistencia, Secretaría Particular, Caja 266, Exp. 1; Centros de Integración Juvenil, *Una respuesta integral al fenómeno de la farmacodependencia* (México: Centros de Integración Juvenil, 1985); Facultad de Medicina, Departamento de Psicología Médica, Psiquiatría y Salud Mental, "Encuesta Sobre el Consumo de Drogas por los Estudiantes Universitarios," 1971, Consejo Nacional de Problemas en Farmacodependencia, Secretaría de Salubridad y Asistencia, Secretaría Particular, Caja 244 Exp. 2; Francisco Alarcón Navarro, Jorge Miranda, Nicolás Ramírez, "Drogadicción," 1971-1973, Consejo Nacional de Problemas en Farmacodependencia, Secretaría de Salubridad y Asistencia, Secretaría Particular, Caja 245, Exp. 1.

scholars, caseworkers, and experts, we now have possible reasons why young Mexicans chose to consume marijuana, and this is, in part, due to acquiring a taste for the effects of the drug. Laramie, for example, was a seventeen-year old who liked to smoke marijuana because he felt “joy in my whole body,” he “saw colors with more life,” and was “inspired to write poems and songs.”¹¹⁹ Laramie used to go to the house of a friend to smoke marijuana, where approximately ten people gathered to hang out and smoke the drug as well. He was arrested at one of these house parties and taken to the Juvenile Court in 1968 for possessing one kilo of marijuana. Laramie explained that he tried the drug because he was curious, especially since it “seemed everyone had a different experience under the influence.”¹²⁰ However, he was also afraid of the marijuana’s harmful effects, so he started investigating the effects of the drug at the library. He concluded that it was not that harmful, so he continued smoking marijuana.

In 1972, Mexican writer and anthropologist Adela Fernandez interviewed minors about their marijuana use. The next few anecdotes are from her interviews.¹²¹ Raul, a twelve-year-old boy from Puebla, escaped his home to go to Mexico City. His parents told him they could not stand to be around him, so he did not believe that they would look for him. Raul was part of a family of five until one of his younger brothers died; Raul's mother had told him that she wished he had died instead. Raul initially started smoking marijuana because he was curious and he wanted to be “in.” His brother gave him the marijuana the first time. He continued to smoke because he did not like “how things are in the world, and with marijuana, the world is the same, but I am different.”¹²² His father was a drunk, and “he [wa]s the worst kind of drunk, a crying drunk.”¹²³ His brother had

¹¹⁹ CTPMI, Caja 1249 exp. 129174, Archivo General de la Nación.

¹²⁰ Ibid.

¹²¹ Fernández, *Las drogas ¿paraíso o infierno?* 63 – 72.

¹²² Ibid.

¹²³ Ibid., 64

delusions of grandeur and was "vain and stupid." His sister was in a relationship that left her pregnant. When her child was born "he cried all the time, and I think that even she did not want him." Raul said that he left home because "he d[id] not want to live there."¹²⁴ Since leaving home, he smoked marijuana and always made sure that he was never out of the drug.

Similarly, Alberto was a seventeen-year-old boy who started smoking marijuana out of desolation. Alberto had an older brother, Carlos, who was the beloved son of his parents. Carlos was clean, organized, handsome, and studious. When he was still alive, Alberto's parents compared him to Carlos and yelled at him for not being more like Carlos. According to Alberto, "Carlos was the hope of the family, and I was the black sheep."¹²⁵ Carlos died in the 1968 Tlatelolco massacre. Carlos was walking home from school and had to pass through Tlatelolco when the riot police started shooting into the crowds. Even after his death, Alberto's parents still compared him to Carlos; they even went as far as to tell him that he should have died instead of Carlos. As a result, Alberto started using marijuana, perhaps hoping it would kill him. He described that "if I die, maybe my mother will understand what I did for her, to earn some of her tears so that she could kiss a photograph of mine as she did for my brother."¹²⁶

Similar to Alberto, twenty-two-year-old Nazario also experienced a death in the family. He started smoking marijuana because his little sister, Carmelita died. He did it out of pure desperation. Nazario explained that when Carmelita was three, she had been sick for months. Nazario had prayed to God to save her, but God did not hear him, and Carmelita died. When he started smoking marijuana, he could talk to Carmelita. Nazario worked running errands in the market place, La Merced, including selling marijuana to minors. His mother thought Nazario had

¹²⁴ Ibid.

¹²⁵ Ibid., 69

¹²⁶ Ibid.

become clinically insane, until she realized Nazario was doing drugs. She did not get mad when she found out about his drug use because she understood that he loved Carmelita and he was trying to forget her death. Nazario stated that sometimes, when he was high, he would go into the church and yell at God, “you did not console me, but the marijuana did.”¹²⁷ The marijuana made him feel better. Young marijuana users in Mexico City often chose to consume marijuana in private spaces, and did so in order to evade the authorities; perhaps, like inhalant users, marijuana users chose spaces because of the different sensations that the drug afforded them.

Spaces of Labor

Working in the Zona Rosa as a prostitute meant that Antonio did not attend school. Antonio had completed his primary education and begun middle school, but according to his record, he “did not like to study,” and spent his time working instead.¹²⁸ This section looks at the various occupations that minors like Antonio held, their incomes, and most importantly, the extent to which their employment informed or influenced their consumption of marijuana. Many young marijuana users were like Antonio: more likely to work than go to school. In fact, between 1960 and 1975, 66 percent of marijuana users did not go to school, but of these total marijuana users, only 2 percent were illiterate. The census data demonstrates that 19 percent of the total population were illiterate.¹²⁹ Census data reveals more notable differences in education between marijuana and inhalant users. There were far fewer marijuana users who were illiterate than there were inhalant users (11 percent). More marijuana users completed their primary education: 8 percent of total marijuana users completed their primary education. Comparatively, only 4 percent inhalant

¹²⁷ Ibid., 71.

¹²⁸ CTPMI, Caja 2269 exp. 158967, Archivo General de la Nación.

¹²⁹ The 1960, 1970, nor 1980 census does not reveal whether or not children attended school, and only shows the number of children who were illiterate.

users completed theirs. Finally, three cases indicated that marijuana users had attended high school. The inhalant users had zero cases indicating attendance or completion of high school from these records. Those 66 percent of marijuana users who did not go to school, worked instead. The Juvenile Court files show that minors like Antonio sometimes even made a living from their work.

The majority of marijuana users worked in the service industry followed by construction and commercial industry. According to the Juvenile Court data, 11 percent of marijuana users worked in the service industry and 18 percent of the total population under the age of nineteen worked in the same sector. There were fewer marijuana users who worked in the service industry than in the total cohort of the same age. Moreover, 9 percent of marijuana users worked in the construction industry, and only 11 percent of children under the age of nineteen worked in the same sector. Working as a laborer or an employee in the commerce industry was more stable and were more formal jobs in the sense that there were more regulations in the workplace, rather than working as an errand boy or shoe polisher (jobs that inhalant users had). Employers also had to perform surveillance unobtrusively. For example, laborers who worked in construction often had set work hours, worked in groups, and had more regulated work standards. Regulation standard for laborers meant wearing helmets and face masks. Employees, like a minor who worked in a store or in an office, had certain regulations, hours, and surveillance. Unlike the solitary, independent occupations of inhalant users, users of marijuana were not solitary or independent in their work and often had larger responsibilities.

Armando was a laborer, and Salvador was an employee, and they are both excellent examples of a typical marijuana consumer. In 1968, the Secret Service Police arrested Armando while walking down the street for smoking marijuana with a friend.¹³⁰ Armando had begun

¹³⁰ CTPMI, Caja 1315 exp. 133446, Archivo General de la Nación.

working as a painter when he was twelve-years-old; when he was fourteen, he started working as a laborer because it paid more money. As a painter, he made \$10 pesos weekly, and as a laborer, he made \$100 pesos weekly. Armando's friends taught him how to smoke marijuana. His caseworker noted that he was "very dedicated" to his work. However, because he appeared "addicted" to marijuana and because his parents were "uncultured and ignorant," Armando was sent to a Correctional School.¹³¹ Salvador was seventeen years old and worked as a federal employee.¹³² On his way home from work, Salvador stopped at his neighborhood cantina, had some drinks, and smoked marijuana. When he tried to get into his house, he accidentally broke the neighbor's window, thinking it was his own. Salvador's caseworker determined that his behavior was "irregular" and that he was "very disrespectful" towards his mother.¹³³ Therefore, like Armando, Salvador was sent to Correctional School.

As with inhalant users, education and work were indicative factors of social class and consumption trends. Marijuana users typically had regular jobs that provided more workplace regulations. Significantly, marijuana users had jobs where they earned a higher income than the wages of job inhalant users.

Spaces of Living

The accessibility that minors had to drugs, and specific types of drugs, was informed by the places they frequented and inhabited. An analysis of these spaces gives us several findings. The first reveals that marijuana users moved around and consumed in private spaces of the city. Through their use of marijuana, minors symbolically expressed their adherence to the class culture they belonged to, as well as demonstrated their distinction from other socioeconomic groups.

¹³¹ Ibid.

¹³² The social worker did not note what his exact job title was or how much he made. CTPMI, Caja 2133 exp. 144497, Archivo General de la Nación.

¹³³ CTPMI, Caja 2133 exp. 144497, Archivo General de la Nación.

Second, marijuana users lived in wealthier neighborhoods, principally to the south and west of the city. Significantly, marijuana users came from families that earned not only more than inhalant users, but more than the average population in Mexico City. Like inhalant users, socioeconomic status informed the user in their drug choice. The choice of marijuana rather than inhalants designated and reproduced the minor's social status. Consuming drugs not only satisfied the user due to its inherent qualities, but like any product, satisfied the reproduction and symbolic appropriation of the values of position and differentiation.

Antonio, the working male prostitute introduced earlier, lived with his mother and six siblings. Antonio's mother worked in the Secretaría de Salubridad y Asistencia Hospital, making slightly more than minimum wage as a federal employee.¹³⁴ It was enough to pay for an apartment in the Tlatelolco Housing Complex.¹³⁵ The apartment included four bedrooms, bathrooms, a kitchen, a living room, and a balcony. We know that Antonio found his way to the Zona Rosa. Thus, where minors like Antonio lived tells us more about marijuana users' socioeconomic characteristics, and can elucidate how minors moved through the city. This section examines other characteristics within these spaces, like what users' residences were like, and their family monthly income. These provide a more detailed portrait of the marijuana user by assessing the extent to which the spaces they spent their time in informed where or how they used marijuana.

As mentioned in Chapter Five, Mexico City witnessed a surge in population growth between 1940 and 1970. The Juvenile Court sample shows that 13 percent of marijuana users were between the ages of five and fourteen, while in Mexico City only 26 percent of the total population

¹³⁴ The minimum wage in 1972 was \$38 a day. CTPMI, Caja 2269 exp. 158967, Archivo General de la Nación.

¹³⁵ The Banco Nacional Hipotecario, Urbano y de Obras Públicas, S.A. funded the Tlatelolco Housing Complex, built between 1960-1964. It was one of the largest apartment complexes in Mexico City. The project was initially intended to replace the slums that were built up on the north side of the city center, and provide housing for those families living there — however, the project resulted in displacing the original dwellers and only housing middle to upper-middle class families.

fell between these ages. Eleven percent of the total population in Mexico City was between fifteen and nineteen; 87 percent of marijuana users fell within this category. There were 25 percent more marijuana users in the fifteen to nineteen age category than inhalant users, indicating that marijuana users were generally older in age than inhalant users (see Graph 4 in Chapter Two).

Where did the marijuana users live and spent their time in the city? Marijuana users resided in the most populated delegaciones (delegations) of Mexico City. Marijuana users resided in the delegaciones of “the City of Mexico” (41 percent), Gustavo A. Madero (19 percent), and Álvaro Obregón (7 percent).¹³⁶ Therefore, the data indicates that inhalant and marijuana users lived in the most populated areas of Mexico City at this time, and is consistent with the census data. While the data for delegaciones is too large to be meaningful to distinguish class, it is still useful to see where marijuana users resided in the city.

When examining income levels within those delegaciones, the data is much more consistent to distinguish class. The highest income neighborhoods within the delegaciones were Las Lomas (de Chapultepec and de Reforma), followed by Polanco. Some middle level neighborhoods included Roma, Narvarte, and La Condesa. From the Juvenile Court cases certain *colonias*, or neighborhoods, stand out because of extensive marijuana usage. The most common neighborhood in which marijuana users lived were the following, colonias, in descending order: Colonia Santa Maria La Ribera (delegación Cuauhtémoc), Colonia Atzacolco (delegación Gustavo A. Madero), Colonia Roma (delegación Cuauhtémoc), Colonia Obrera (delegación Cuauhtémoc), and Colonia San Rafael (delegación Cuauhtémoc). Notably, the minors'

¹³⁶ These *delegaciones* did exist before 1970 but in census records it is grouped together. Complete census records between 1940 and 1970 exist for each *delegación* as well as the quarters that make up “the city of Mexico,” with each broken down further by age distribution.

<http://www.juridicas.unam.mx/publica/librev/rev/rap/cont/61/pr/pr23.pdf> Ley Orgánica del Distrito y de los Territorios Federales (Reforma del 31 de diciembre de 1970). Accessed August 2, 2019. Instituto de estadística, geografía e informática (INEGI), *Censo General de la Población*, México D.F., 1970.

case files at times describe Colonia Morelos as a lower income area, and at others a middle-class area. It is possible that some pockets within Colonia Morelos housed higher-earning residents. The other colonias, especially Colonia Santa Maria la Ribera, Roma, and San Rafael well-known middle-class pockets were known within them.

Notable differences between the total population and marijuana users' families become evident when looking at the Juvenile Court sample data. Fifty-seven percent of marijuana users came from families that earned more than \$1,000 pesos a month; significantly more than inhalant users (34 percent). Twenty-nine percent of marijuana users came from families that made more than \$2,500 pesos a month, which was more than the average Mexican family in 1970 (see Table 2 in Chapter Five to clarify these findings). In sum, marijuana users typically came from families that earned more than \$1000 pesos, and from families that were better off than the average Mexican family at this time.

Geographical segregation also related in large part to the expansion and production of different housing opportunities. For middle to upper class families, the effects of mass population growth, migration from the countryside, and industrialization projects, were felt to a lesser degree, as Mexico City's government attempted to provide more housing opportunities for middle and upper classes. Earlier, I showed how the city government failed to provide adequate housing for the City's lower-income population. Lower-income city dwellers, relegated to the outskirts of the city or living in overcrowded, deteriorating vecindades. Inhalant users and their families fell within these types of housing situations. Marijuana users, however, typically did not live in vecindades. Most of them lived in houses that their families owned or they lived in more modernized apartments.

It was social forces, popular rent control movements, the architectural profession, and the construction industry that pushed for more action towards housing improvements in Mexico. Import Substitution Industrialization policies in Mexico provided the government with the financial means to provide adequate housing for workers and the rising middle class. Indeed, the loose cooperation of various government agencies finally coalesced into more formal institutional arrangements that included three agencies. The first facilitated housing loans to government employees, the Dirección de Pensiones Civiles (founded in 1925 by Finance Secretary Alberto J. Pani); the second was the federal bank, which specialized in housing and public works: the Banco Nacional Hipotecario Urbano y de Obras Públicas (Bank of Urban Mortgages and Public Works); and finally, the private bank, the Banco Internacional Inmobiliario.¹³⁷ These three agencies worked in conjunction to maintain the social housing program. It was a mix of public and private funding, and the government's task was to channel private funds and organize the construction of housing units rather than finance them themselves through public funds.¹³⁸ These housing projects meant to solve the problems of urban growth and dissolution. President Miguel Alemán (1946-1952) provided the means to build unique housing complexes like the Unidad Modelo, El Reloj, La Taxqueña, and another in Xotepingo, with funds from the Banco Hipotecario Urbano y de Obras Públicas.¹³⁹ The Tlatelolco Housing Project (Image 7), where Antonio lived and which was built in the 1960s, is an example of what these massive projects looked like.

¹³⁷ The Bank of International Development and the AID, *Programa para Financiamiento de Vivienda*, provided much of the financing of the social housing program, in the post- World War Two era, pooling state-based mortgages with specially-tagged ones issued by participating private banks. Samuel Jaramillo, and Martha Schteingart. "Procesos sociales y producción de vivienda en América Latina: 1960-1980 (Análisis de casos)" *Revista Mexicana de Sociología* (Universidad Nacional Autónoma de México) 45 (no. 1, January-March 1983): 17.

¹³⁸ Graciela De Garay, "La profesionalización de la arquitectura en el estado posrevolucionario Mexicano: Mario Pani, un ejemplo de arquitecto moderno, 1911-1993" (Tesis de doctorado, Universidad Iberoamericana, 2009), 428.

¹³⁹ These projects also strengthened the government's relationship with those sectors of Mexico City labor movement willing to support the PRI in return.

Image 7. Aerial View of Tlatelolco Housing Project, “Centro Urbano Nonoalco-Tlatelolco, 1967”
Mario Pani Archive, Centro Cultural Universitario Tlatelolco.

The Juvenile Court data on young marijuana users like Antonio reveals that 39 percent of users lived in family-owned houses or property, like some of the housing projects mentioned above. And, approximately 21 percent of marijuana users lived in apartments.¹⁴⁰ Sixteen-year-old Delfino came from a family that made approximately \$4,000 pesos every month.¹⁴¹ Delfino lived with his aunt and uncle in a large apartment complex, in which they had a two-bedroom unit with a kitchen, living room, and private bathroom. The caseworker noted that the complex provided all the necessary city services, and it was "far from any centers of vice."

There a few marijuana users who lived in *vecindades*, but caseworkers from the Juvenile Court reported that the *vecindades* where marijuana users lived were more “hygienic,” had more

¹⁴⁰ The remaining forty percent of users lived either in *vecindades* or in a combination of the following housing: hotel room, *jacales*, abandoned houses, lived with employees or lived in a small room in the basement of a building.

¹⁴¹ CTPMI, Caja 2134 exp. 144541, Archivo General de la Nación.

rooms, larger spaces, and families paid more in rent when compared to those vecindades that inhalant users lived.¹⁴² Sixteen-years old Luis was part of a middle-class family of seven who lived in a house of their property. The social worker noted that his family was “unified, lived in harmony, and [were] the product of hard, honest work.”¹⁴³ Their home was "modern," with a living room, dining room, kitchen, three bedrooms, and was "full of order and cleanliness, both in the home and its inhabitants.”¹⁴⁴ They were a family of “*buenas costumbres*” or good manners/customs. On the day of his arrest, Luis was buying a *torta* (sandwich) and a drink at his neighborhood *lonchería* (cafeteria). While he was there, three other boys arrived and assaulted some of the other customers. When the police arrived, they thought Luis was a part of the gang. Luis’s mother was “shocked” that the police arrested her son, declaring that he went to school, studied hard, and always came home on time. Luis reported to the caseworker that in his free time he liked to go to the movies and smoke marijuana, but that he only did so once a month. Because he had a “responsible family,” and came from hygienic living conditions, the caseworker released Luis. The living conditions of minors like Antonio, Delfino, and Luis demonstrate that marijuana users inhabited different spaces than those of inhalant users, which provided them more privacy. It also indicates that they came from better-off families.

Comparative Conclusion of Inhalant and Marijuana Users

In the 1960s and 1970s, young inhalant and marijuana users generally lived and operated completely different lives from one another. If we take into account factors like education, occupation, and address, the differences between the two users are not as evident. However, the

¹⁴² Inhalant users’ families paid between \$50 to \$200 for a vecindad. Marijuana users’ families paid between \$150 to \$400 for a vecindad.

¹⁴³ CTPMI, Caja 2180 exp. 149575, Archivo General de la Nación.

¹⁴⁴ Ibid.

clear distinction between their day-to-day experiences is unignorable when examining family monthly income. Inhalant users generally came from families that earned less than \$1,000 pesos a month, and marijuana users from families that earned more than \$2,000 pesos a month.

A minor's economic situation influenced many choices in their lives, including their access to education and occupations. Inhalant using minors typically did not complete their primary school education, or had very little primary school knowledge. Most inhalant users worked to help their families, but were relegated to informal jobs both because of their age and their skill set. Therefore, most inhalant users worked as shoe shiners, newsboys, errand boys, or as street peddlers. These types of jobs gave inhalant users almost complete freedom over almost every aspect of their job. They went anywhere they wanted in the city to work; there was no one to look over them and monitor their actions; they did not have a stable or constant income, and they had access to any substance they wanted in terms of the ability to get them but not the monetary access, like toxic inhalants, and consumed them in their "workplace." Marijuana using minors also held jobs, and in similar industries as inhalant users, but most had completed more advanced levels of schooling. Because of their older age, marijuana users had access to slightly more formal types of jobs; occupations like construction, employees in a shop, or working in a tortilla shop. These occupations meant more workplace regulations, more stable work hours, a secure income, and more importantly, more people to watch over their actions. Therefore, most minors did not consume marijuana in the workplace. Because of their occupations, marijuana and inhalant users had distinctive experiences of the city and within the city.

Where inhalant and marijuana users lived within the city also had an impact on their day-to-day experiences. Both inhalant and marijuana users lived in the most populated areas of the city, including the delegaciones of Cuauhtémoc (inside of "the City of Mexico") and Gustavo A.

Madero. Within these delegaciones, inhalant and marijuana users lived in completely different neighborhoods. Access to services like water, electricity, public transportation, as well as the type of businesses around the neighborhood, like *pulquerías* or cantinas, determined the socioeconomic character of these neighborhoods. Moreover, the residence type within the neighborhoods was another factor where clear distinction between users were evident. Inhalant users generally lived in tenement style housing, and marijuana users lived in apartments or in houses owned by their parents. Residence type influenced the location where minors chose to consume their drug of choice. For instance, an inhalant user who lived in a one room vecindad did not have the privacy to consume inhalants in their own home because their behaviors under the influence would easily be noticed. A marijuana user who lived in a four-bedroom house with a kitchen, living room, and had more access to privacy, and therefore, was more comfortable smoking marijuana and experiencing its side effects in privacy and peace.

A final, crucial factor that aids in putting together a profile of both inhalant and marijuana users is their choice of location for drug use. Inhalant users consumed in public, open spaces where they easily melted into their surroundings, like markets or abandoned lots. Marijuana users typically chose more private spaces, like the home of a friend or a café. Notably, both inhalant and marijuana users consumed in movie theaters and parks, particularly Bosque de Chapultepec. These spaces are both private and public. A movie theater is a public space, yet the dark setting also affords privacy to the individual. A park is also a public space, but the trees and wide-open spaces afforded individuals the ability to hide or find a secluded spot where no one would find them.

There is another notable difference between the spaces that inhalant users chose and that marijuana users chose: social setting. For marijuana users especially – parks, cafés, a friend's house, a party – these were all social gathering spaces. Sniffing glue or paint thinner in an

abandoned lot did not have the same social aspect as smoking marijuana in a café. Inhalant users preferred to sniff with their friends, and in spaces they considered to be their home of choice, if not of origin. In some cases, especially when looking at the arrests made at Plaza Garibaldi, inhalant users consumed socially because there were so many minors in the same place who were dealing with the same situations. In the spaces that minors chose for illegal consumption, they created their own culture around that specific drug.

One substantial factor that is rarely mentioned in the Juvenile Court cases are motivations for drug use. It is not evident from the files if caseworkers asked a minor direct question about why they started using drugs in the first place. The only space the minor had to tell his or her own version of the story was when he or she was giving their testimony. As noted in the preceding examples, there were occasions when minors mentioned their motivations or reasons for use.

While the conscious choice to consume drugs might appear an obvious decision because of the ways in which minors described the effects and the pleasure they took from these, this was not always the case. There were cases where minors who worked as shoe polishers or in small industrial settings did not realize that they were consuming toxic inhalants. It occurred as part of their work situation. Marijuana users, on the other hand, were always aware of the substance they were consuming, as well as its illegal status. For inhalant users that knowingly used industrial chemicals, and marijuana users were aware that their consumption made them police targets.

A minor's social background decided the drugs that minors had access to, which then became the drugs they chose to use. It also informed how and where minors chose to consume their drug of choice. In turn, their drug of choice was symbolically representative of their social class and further established consumption patterns along class lines.

Chapter Four of this dissertation described the differences in treatment available from health clinics and the various ways that the police dealt with drug users. Health clinics during the 1960s and 1970s were geared towards users of drugs like marijuana and LSD, not industrial chemicals. And the fact that the police arrested more inhalant users than marijuana users indicates that the legality of the drug did not matter. What seemed more important or interesting to the police was *who* was consuming these drugs. This chapter and the previous one demonstrated very specific profiles of inhalant and marijuana users. In so doing, clear practices coupled with each drug were revealed. By examining consumption, I give definition to class identities of families and minors who used drugs that lived during the 1960s and 1970s.

Conclusion

Carlos was an inhalant user, and the 11-year-old son of a couple who owned a laundromat in Mexico City.¹⁴⁵ Carlos, like many other inhalant users, liked to spend time on the street. He did not like going to school because other students called him dumb, and he did not want to work with his parents because he thought that washing clothes was only for women, so he “left that work for his sisters.”¹⁴⁶ Carlos had other plans for his future. He wanted to be a shoemaker because he would have easy access to chemicals that he used to get intoxicated, mainly shoe polish and turpentine. Carlos liked to inhale shoe polish because it was “*padre*” (cool) to feel that way.¹⁴⁷ He felt better when he was intoxicated, and it hurt more “not to sniff.” Occasionally Carlos returned home; but only when he needed money to buy industrial chemicals, taking it from where his mother hid it in a pot over the stove. Other times, Carlos begged for money on the streets.

Carlos’ story helps to illuminate some of the key findings of this project, which has traced the landscape of drug use in Mexico City in the 1960s and 1970s. I examined marijuana and industrial chemicals because these were the most commonly used drugs by minors during this time. In many ways, Carlos’ use of industrial chemicals runs parallel to the use of other drugs in Mexican history. Both inhalant and marijuana users were demonized for using drugs. Like with other drugs in Mexican history, many concerns emerged about the harmful effects of inhaling industrial chemicals, whether by choice or by inability to find work elsewhere (workers who were in enclosed places with poor ventilation often suffered poor health from the fumes). Similar to

¹⁴⁵ Adela Fernández, *Las drogas ¿viaje o retorno? (50 drogadictos relatan su experiencia)* (México, D.F.: Editorial Posada, S.A., 1973), 113.

¹⁴⁶ Ibid.

¹⁴⁷ Ibid.

marijuana, there were calls for parents, who themselves were in a poor socioeconomic status, to intervene; a luxury that could not always be afforded. The history of inhalant users also shows that there were corrupt police who took advantage of the vulnerability of inhalant drug users to extort them. There were calls for treatment that were not efficient or effective because there were few resources to make it happen.

Looking at stories like Carlos' reveals another dimension to Mexico's drug history. Industrial chemicals were legal components of the booming industrial and construction markets. Unlike marijuana, they were not regulated for drugs, and inhalers were technically not doing anything illegal. Neither inhaling industrial chemicals nor industrial chemicals themselves were illegal. However, the sample Juvenile Court cases demonstrated that inhalant-using minors had a far higher arrest rate than marijuana users. Inhalant-using minors were arrested specifically by the police for inhalation crimes, an act which was not illegal, according to law. Why was this the case? The answer lies in the socioeconomic status of the drug users.

Examining inhalant and marijuana users in the 1960s and 1970s together shows that the socioeconomic status of minors determined the type of drug that they would most likely use. Marijuana users were mostly adolescents from middle-to-high-income families, and were usually between the ages of fourteen and eighteen. Inhalant users, like Carlos, were typically lower-class minors who were younger, usually between eleven and fourteen years old. Because inhaling toxic chemicals was a practice of the lower classes, inhalant users were easier to arrest; their disproportionate percentage in juvenile detention was captured in previous chapters.

The socioeconomic status of minors also determined the spaces in the city that minors chose to consume drugs. Middle-class minors had access to private rooms in their homes, or in the homes of friends, where they could smoke marijuana and go undetected; as well as using marijuana

in trendy, middle-class areas of the city. Their most visible use came in places like the Zona Rosa shopping district, where they smoked marijuana in cafés. Lower-class minors, like Carlos above, used industrial chemicals through their work. Some minors had an unwanted intoxication due to exposure to the chemicals. Minors of a lower socioeconomic class often lived in small overcrowded *vecindades* (tenement style homes) with two rooms, and so preferred to inhale outdoors in parks, places of transition such as metro stations or the City Center, and often did so with friends.

As minor drug use increased so too did government and parental concerns over drug use in Mexico City in the 1960s and 1970s. These anxieties led to the creation of three significant institutions to deal with drug use among minors: the Centros de Integración Juvenil (CIJ), Centro Mexicano de Estudios en Farmacodependencia (CEMEF), and Consejo Nacional de Problemas en Farmacodependencia (CNPF). The CEMEF and the CNPF were created to bring together experts from different governmental agencies to share information regarding drug consuming minors and their families. The CEMEF and the CNPF were successful. However, they were designed to function as a rudimentary database, not necessarily provide treatment to drug users and addicts. The CNPF was eventually absorbed into the CEMEF. In 1978 the CEMEF became the Instituto Mexicano de Psiquiatría (National Institute of Psychiatry), and in 2000 the Instituto Nacional de Psiquiatría Ramón de la Fuente Muñoz (National Institute of Psychiatry Ramón de la Fuente Muñoz). By the mid-to-late 1970s, psychiatry and psychology played a more prominent and significant role in the understanding of various social issues, like drug use. The CEMEF's evolution demonstrates its importance as an institution combating drug use, even if in the 1960s and 1970s it did not yet provide the same level of prevention and treatment as it does now.

The more successful institution that came out of the growing anxiety over drug use in the 1960s and 1970s was the CIJ. The CIJ offered physical treatment centers that specialized in the detoxifying drug users and addicts that required this type of treatment. Patients were required to stay in the centers until the medical professionals at the CIJ discharged them. The CIJ also provided inpatients pharmaceutical assistance and instruction to control and deal with withdrawal symptoms. The CIJ continues to operate 117 CIJ clinics throughout Mexico today, as well as twelve specialized treatment and rehabilitation hospitals throughout the country.¹⁴⁸ It is the largest and most active, integrative, and complex organization in Mexico dealing with drug abuse.

Despite these efforts, in the 1960s and 1970s the Mexican State lacked the resources to properly treat drug using minors, especially addicts of any kind of drug. Notwithstanding the long, slow work of creating treatment spaces for minors suffering from long-term drug abuse or addiction, none of the programs had a definitive treatment regimen for inhalant-using minors.

Without proper treatment centers and a lack of knowledge regarding those that *did* exist, the Juvenile Court became a more visible and critical institution to address youth drug use in Mexico City in the 1960s and 1970s. Parents were often skeptical of utilizing the few health resources available (such as the CIJ) to help their children with their drug abuse. Instead, parents used the Juvenile Courts to either correct, punish, or medically treat their drug-using children. In these cases, parents sometimes learned that their children were not well cared for in Juvenile Court system, while other parents were unaware of what went on within the Court. For drug users, especially, the police and caseworkers often beat, extorted, and abused of minors detained in the Court. The police and caseworkers had a unique opportunity to correctly apply *delitos contra la*

¹⁴⁸ http://www.cij.gob.mx/QuienesSomos/que_es_cij.html. Accessed 19 June 2017.

salud (crimes against health) and provide treatment to drug using minors. Unfortunately, this rarely occurred.

The law regarding drug use, *delitos contra la salud*, was and continues to be a complicated legal matter. As a result, its application has been left to the interpretation of those with the power to enforce it. In the first half of the twentieth century, Mexican law regarding drug use, *delitos contra la salud*, focused on how a toxic substance degenerated the Mexican race. By the 1960s and 1970s, the individual became more important to drug policy and legislation. More specifically, sanitary and penal legislation attempted to regulate and reflect the reality of drug consumption. The Mexican state achieved that to a certain degree. In the 1960s and 1970s, drug consumption became more frequent among Mexican minors, as well as the use of illegal drugs like marijuana. Medical and penal authorities responded in full force, incorporating into law the varied understandings of the substances that were consumed, as well as new interpretations concerning the individual who consumed them. Legislators targeted marijuana, further criminalizing the drug, as seen in the reforms to the 1964, 1968, and 1976 penal codes, and discussed in Chapter Three.

However, Mexican law in the 1960s and 1970s failed to account for a much bigger reality: the use of industrial chemicals. Because of the difficulty of regulating these substances, the personal abuse of industrial chemicals was not a topic that the legislation addressed. It was not until the mid-1980s that treatment centers like the CIJ and other authorities demonstrated more enthusiasm for regulating industrial chemicals. In 1988, health authorities wrote into the Ley General de Salud (General Health Laws, formerly Sanitary Codes) that inhalation of toxic industrial chemicals acted as a form of psychotropic intoxication. Health authorities recommended that action be taken in regulating the use of toxic industrial chemicals to their penal and federal

colleagues.¹⁴⁹ The law recommended that it be included in the list of illegal drugs, but as of the time of this writing in June 2020, this recommendation remains just that; a non-binding recommendation.¹⁵⁰

Examining the history of drug use in Mexico in the 1960s and 1970s shows the widespread use of toxic industrial chemical inhalants among Mexican minors; the various ways the state attempted to address drug use among youths in general, and the challenges of incorporating anti-drug campaigns to include inhalant users. The increasing arrest of inhalant using minors and the extensive research of the harmful effects of inhaling the fumes of toxic chemicals, ultimately did little helped curb inhalant use. The Mexican State needed both distributors and their toxic industrial chemicals as they provided the backbone of the Mexican modernization process. Inhalant users became a necessary consequence of Mexico's progress.

By the 1980s, the use of industrial chemicals would become associated with street children and *chavos banda*. The *chavos banda* was a youth subculture that emerged in the late seventies and solidified in the eighties, particularly among marginalized youth in Mexico City's poor neighborhoods.¹⁵¹ They were recognizable for their spiked hair, leather jackets, and punk music.

¹⁴⁹ Reglamento de la Ley General de Salud, en Materia de Control Sanitario de Actividades, Establecimientos, Productos y Servicios. Poder Ejecutivo, Secretaría de Salud, "Tomo CDXII, Número 11," *Diario Oficial de la Federación* 18 January 1988.

¹⁵⁰ On sanitary and penal recommendations for regulation see, Sugeily Martínez Reséndiz, "La regulación de psicoactivos volátiles (inhalables) en México," (Diploma de Especialista para el tratamiento de las adicciones, *Centro de Integración Juvenil* 2013-2014). See also Centro de Integración Juvenil, A.C. *Inhalables un problema reemergente de salud pública* (México: Grupo gráfico editorial, 2012), and Andrea Gallegos-Cari, Miguel Ángel López Brambilla, Rafael Edgardo Camacho Solís y Miguel Ángel Mondoza-Meléndez, "Inhalables y otras aspiraciones," *Ciencia* 2014.

¹⁵¹ José Agustín, *La contracultura en México: La historia y el significado de los rebeldes sin causa, los jipitecas, los punks y las bandas* (Mexico City: Editorial Grijalbo, S.A. de C.V., 1996); Carles Feixa, *De jóvenes, bandas y tribus: antropología de la juventud* (Barcelona: Ariel, 1998); Fabrizio León Diez, *La banda, el consejo y otros panchos* (Mexico City: Editorial Grijalbo, 1985); Noe Pliego Campos, "¡No hagas panchos!: Mexico's Lost Decade from Mexico City's Margins," Paper Presented at Mexico Working Group Colloquium November 2019; José Manuel Valenzuela Arce, *A la brava, ese: identidades juveniles en México: cholos, punks y chavos banda*. (Tijuana: El Colegio de la Frontera Norte, 1988).

Sometimes they were recognizable for their personal consumption of toxic chemicals. The Mexican media portrayed the *chavos banda* as “drug addicts, killers, robbers, alcoholics, depraved creatures, good-for-nothings or simply as gang members.”¹⁵² As *chavos banda* became more visible, the middle-classes called upon the state to control them. Under President Carlos Salinas de Gotari (1988 – 1994), the PRI-led government repressed this subculture through direct police actions and censorship of state-sponsored radio programs directed by and for marginalized minors.¹⁵³ Some studies argue that *chavos banda* formed as a response to repressive state violence. Agustín Estrada, a *chavo* who went on to study at the National Autonomous University of Mexico (UNAM), explained:

I think that it is precisely in the decade of the eighties when the social phenomenon of the *banda* is strongest; it surges from a need to organize against the state’s terrible attack. The *chavos* got together because alone they could beat us up and then as a group we could respond with chains, bottles, and fists; I can say this is when the *banda* became more concrete.¹⁵⁴

The policing of *chavos banda* was an extension of earlier police practices exercise state power by controlling and containing a growing demographic in Mexico City (young people) and regulating issues such as drug use. and. The policing of *chavos banda* highlights a continuation of Mexico City’s legal system; one that criminalized the poorest youths and their cultural practices. Studying *chavos banda* provided a way to examine how drug culture changed in the 1980s; examining the real-life experiences of marginalization.

¹⁵² Héctor Castillo Berthier, “Cultura y juventud popular en la Ciudad de México,” Rafael Cordera, José Luis Victoria, and Ricardo Becerra eds., *México joven: políticas y propuestas para la discusión* (Mexico City: Universidad Nacional Autónoma de México, 1996), 213.

¹⁵³ Ibid., 213 – 214, 216 – 228.

¹⁵⁴ Emiliano Pérez Cruz, *Noticia de los chavos banda* (Mexico City: Editorial Planeta Mexicana, S. A. De C. V., 1994), 44.

Incorporating inhalant users and abuse into Mexico's history of drugs adds to recent revisionist works that have challenged the long-held notion that the United States forced drug prohibition upon Mexico.¹⁵⁵ Mexico's "War on Drugs" was not simply a response to U.S. pressure; it was an internal response to Mexican society.¹⁵⁶ I contend that Mexico had a deeply ingrained consumption culture, and that this culture was a driving force in policymaking. Comparing the increasing use of minors consuming toxic chemical inhalants and marijuana in this transformative period also shows the uneasy shift Mexico had as a result of becoming a modern, industrialized society. During this period, chemical and glue companies sprang up to further modernize the nation. Industrial chemicals, like *Resistol* glue, were the substances that made Mexico's mid-century economic boom possible, and gave residents access to industrial products. For middle-class families, the industrial and economic boom gave them monetary access to be a part of the consumption culture inspired by trends in the United States. This includes the use of marijuana. And yet, those that consumed inhalants were those overlooked by the very modernization and industrialization for which they worked because policing replaced treatment. The tragedy of toxic chemical inhalation in minors, particularly the popularity of sniffing glue, is a testament to the story of change in twentieth century Mexican as it industrialized into a developed nation-state.

¹⁵⁵ See for example, Isaac Campos, *Home Grown*, and "Mexicans and the Origins of Marijuana Prohibition in the United States: A reassessment," *The Social History of Alcohol and Drugs* Vol.33 No. 1 (January 2018): 6-37; Elaine Carey, *Women Drug Traffickers: Mules, Bosses, and Organized Crime* (Albuquerque: University of New Mexico Press, 2014); Ricardo Pérez Montfort, *Yerba, Goma y Polvo: drogas, ambientes y policías en México* (Mexico City: Conaculta-INAH, 1999) and *Tolerancia y Prohibición: Aproximaciones a la historia social y cultural de las drogas en México, 1840-1940* (México City: Penguin Random House, 2016); Carlos A. Pérez Ricart, "The Narcotics Agencies in the United States and the Transnational Construction of the War on Drugs in Mexico (1938-1978)," (PhD Dissertation, Freie Universität Berlin, 2016); Aileen Teague "Mexico's Dirty War on Drugs: Source Control and Dissidence in Drug Enforcement," *The Social History of Alcohol and Drugs* Vol.32 No. 1 (March 2019): 63-87.

¹⁵⁶ For instance, Luis Astorga, *El siglo de las drogas: Usos, percepciones, y personajes* (Mexico: Espasa-Hoy, 1996); Carmen Boullosa and Mike Wallace, *A Narco History: How the United States and Mexico Jointly Created the "Mexican Drug War"* (New York: OR Books, 2015); Daniel Weimer, *Seeing Drugs: Modernization, Counter-insurgency, and U.S. Narcotics Control in the Third World, 1969-1976* (Kent: Kent State University Press, 2011).

Appendix I

The most significant source base to conduct this study was obtained from the files of the Consejo Tutelar Para Menores Infractores (Juvenile Court) in the Mexican National Archive. In this appendix, I explain how I obtained and used the sample data from the Juvenile Court. The remaining pages contain figures for graphs and tables used throughout the dissertation. Finally, there is a copy of a minor's case file so readers can see what information is contained in the files.

The sample Juvenile Court cases were taken between 1960 and 1975. The date for the court records in the Mexican National Archive ends at 1975. There are no records available to the public after 1975. Due to the lack of organization of the Juvenile Court archives, cases were pulled from the archive initially with the hope of finding cases on intoxication and drug related crimes. However, after several attempts to define the way in which the archive is organized, I realized the best attempt was to go file by file. Through this method I discovered that there were instances where minors who entered the Juvenile Court due to other non-drug related crimes were also drug consumers. As a result, the Court cases collected for this study include delinquencies of all types, and not solely *delitos contra la salud* (crimes against health), or drug related crimes. The cases reflect an assortment of minors from different backgrounds, ages, gender, used by the sources, and crime varieties. These categories were not consistent or logical because they often included crimes and/or other reasons for arrest. As discussed in Chapter Two and Four, these categories demonstrate the way that police and caseworkers thought about and characterized minors and their behaviors. The sample cases contain information about the individual's daily life including family size, education level, medical records and history, employment and wages, family income and

wages, living conditions, notes on the neighborhood the individual lived, and extracurricular activities. At the end of a nine-month research trip to Mexico City, I had compiled 3,078 cases between 1960 and 1975 from the Juvenile Court. When analyzing against Juvenile Court records found in the census records, I realized I had an approximate five percent sample of the total.

I used the sample Juvenile Court cases and cross referenced them against the overall figures for detentions found in the census records. The census records indicate that between 1960 and 1975 there was an increase in juvenile detention generally, and more specifically, of drug users. In these years there were a total of 70,098 minors who entered the Juvenile Court.¹ *Delitos contra la salud*² made up 8 percent of the total entries, which were more frequently committed among males. In these years, males made up 9 percent of the total drug-related offenses and females 2 percent. The differences are noticeable. For example, in 1972, 1049 boys entered the Juvenile Court for intoxication, whereas only 47 girls were detained for the same offense. The number of boys entering the juvenile court versus girls may reflect an institutional bias. Judicial authorities may have been more interested in arresting and detaining boys than girls, and may also have been more interested in boys committing drug related offenses than girls. *Delitos contra la salud* cases increased over these years. In 1960 there were nine minors who entered the Juvenile Court for drug-related offenses; in 1975 there were 595.

The sample reveals that 13 percent of minors were detained specifically for drug-related offenses, but cases related to other types of crime revealed drug use by the suspects. In each one of the minor's files, a social worker assigned to their case interviewed them on their drug use,

¹ Secretaría de Industria y Comercio, Dirección General de Estadística, *Anuario estadístico de los Estados Unidos Mexicanos, 1975-1976*, México, Talleres Gráficos de la Nación, 1979.

² *Delitos contra la salud* legally protects either the individual or the social collective against injury or harm to the health of the human body. *Delitos contra la salud*, or crimes against health, categorized as drug crimes the trade, importation, exportation, transportation, production, cultivation, possession, medical prescription, preparation, use, and consumption of drugs. *Código Penal para el Distrito Federal y Territorio de la Baja California sobre delitos del fuero común y para toda la República sobre delitos contra la federación*, México, Edición Oficial, 1871.

regardless of the type of delinquency they committed. Combining these latter cases with those formally arrested for drugs, 1042 out of the 3078 cases involved drug use; that is 34 percent of the total. From the sample cases between 1960 and 1975, males totaled 1,004 of intoxication offenses, or 96 percent and females totaled 38 of intoxication offense, or four percent.

The sample cases were cross-referenced with census records, medical journals, Secretaría de Salubridad y Asistencia (Secretary of Health and Assistance) records, and the media to establish that chemical solvents and glues were the drugs of choice among lower-class minors who consumed drugs. Tables 1 and 2 demonstrate information taken from the census records and provide total figures between 1960 and 1975. These are based on gender. Tables 3 and 4 provide information from the sample cases to show the difference in categories that the police used, and to show how many documented drug users there were according to crimes. In other words, even though a minor may have been detained for another crime, like theft, they may still have been drug users. The number of minors who consumed drugs has overlapping information. Minors who consumed marijuana may also have consumed inhalants, and vice versa. These tables are also based on gender. The remaining tables outline the figures for graphs and tables in the dissertation.

Table 1: Figures for Graph 1. Number of Total Entries by Reason for Males 1960 – 1975.

	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975
Abuso de Confianza	23	16	19	17	25	11							10	10	2	
Allanamiento de morada	3	6	6	8	15	33		36	32	32	7	10	22	14	9	16
Amenazas	10	5	6	9	19	20	38					5	17	12	10	
Asalto	12	13	20	30	98	46	2			25		17	49			
Atentado al pudor	7	4	3	14	3	2	4						3		3	197
Contra la Salud	9	8	13	33	82	160	225	315	302	362	405	925	1029	723	407	566
Daño en propiedad Ajena	55	67	74	97	115	92	137	140	160	126		121	102	196	110	204
Escanadlo vía pública	925	566	361	312	470	246	149	115	55	74	40	34	55	68	39	13
Esturpo	39	53	47	54	41	58	49	36	44	29	37	49	54	53	73	73
Faltas	1286	1076	991	806	244	274	351	246	345	491	335	598				
Fraude	27	23	22	20	26	12							9	17	25	12
Homicidio	37	28	38	54	58	60	39	40	45	50	53	64		68	58	54
Lesiones	218	248	262	286	367	310	289	304	308	286	366	401	420	429	339	422

Portación de Armas	7	14	13	8	4	11	4					10	7	26	331	
Prostitución													4	3	19	
Rapto	28	27	35	18	28	20	21	24	11	32	40	7	32	33	23	28
Razzia	22	25	37	13	60	57	30	39	5	117	31	5				
Robo	1093	1237	1098	1039	1240	1351	1335	1432	1496	1166	1317	1737	1382	1445	1310	1529
Tentativa de robo	162	142	170	97	111	195	234	221	146	180	145	163	175	183	94	119
Vagancia	54	43	82	382	386	61	70	78	66	86	17	22	35	41	46	52
Violacion	57	67	82	71	85	93	91	114	131	102	96	124	119	92	86	103
Otras	417	384	505	564	488	794	506	345	307	332	328	200	667	241	269	553

Secretaría de Industria y Comercio, Dirección General de Estadística, *Anuario estadístico de los Estados Unidos Mexicanos, 1975-1976*, México, Talleres Gráficos de la Nación, 1979.

Table 2: Figures for Graph No. 1 Number of Total Entries by Reason for Females 1960 – 1975.

	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975
Abuso de Confianza	4	3	3	3	2	3							2	4		
Allanamiento de morada			1	2										2		
Amenazas				1								2	1	7	1	
Asalto					1							1				
Atentado al pudor			1													32
Contra la Salud			2	3	6	6	2	5	9	16	27	53	45	31	33	27
Daño en propiedad Ajena		9	2		7		1	2	8	4		10	6	5	8	7
Escanadlo vía pública	18	33	16	25	33	14	6	1		4	2	4	15	1	5	
Esturpo	3	10	6	4	12	9	7	20	6			5	6	5	1	5
Faltas	123	62	100	91	43	43	42	32	44	47	107	106				
Fraude	4	2	1	4		3						3	3	2	1	
Homicidio	1	6	1	8	3	6	7	6	6	5	7	16	4	7	8	4
Lesiones	33	31	33	37	42	35	42	35	43	33	28	50	54	41	56	48

Portación de Armas					1								2		3	
Prostitución	41	42	36	69	128	50	28	14	13	8	24	40	13	26	25	18
Rapto	1	3	5	1	9	5	1	6	1	6	1	1	6	1	5	
Razzia				14	1			2		1	2					
Robo	137	143	117	126	126	141	161	172	154	129	178	203	161	175	197	186
Tentativa de robo	4		4	1	3	5	10	2	11	9	3	10	6	5	2	3
Vagancia			8	9	17	5	3		7	6	1	1	6	7	7	4
Violacion	1	2	6	4	2	4	8	7	6	7	1	5	1	4	3	6
Otras	256	283	273	295	275	273	196	203	153	166	145	116	241	221	103	239

Secretaría de Industria y Comercio, Dirección General de Estadística, *Anuario estadístico de los Estados Unidos Mexicanos, 1975-1976*, México, Talleres Gráficos de la Nación, 1979.

Table 3: Reason for Arrest and Male Minor Drug Consumer 1960 – 1975 from Sample Data.

Reason for Arrest	Total	Marijuana	Inhalants	Consumed but no Specified Drug Type
Abuso de Confianza	8			
Adulterio	1			
Allanamiento de Morada	3	2	1	
Amenazas	4			
Asalto	31	2	2	
Asociación Delictiva	2			
Atentados al Pudor	6		1	
Carterista	3	1	2	
Cementero	3		3	
Delitos Contra la Salud	175	104	84	10
Corrupción De Menores	7		2	
Daño en Propiedad Ajena	47	8	6	1
Denuncia de Hechos	5			
Desamparado	3			
Despojo	4		1	
Disparo de Arma de Fuego	1			
Embriagarse en la Via Pública	3	1		

Escandalo en la Via Pública	24		1	1
Esturpo	44	2	1	
Faltas	280	15	33	2
Fraude	18	2	1	
Fuga	10	1	1	1
Fumar Marijuana	3	3		
Golpes	5	3	4	
Homicidio	50	5	4	1
Homosexual	2	1		
Inconvenientes en la Vía Pública	67	8	25	
Incorregible	70	9	12	
Inhalación	113	10	113	
Intoxicación	96	19	91	
Irregularidades de Conducta	119	13	33	2
Lesiones	129	21	27	2
Malviviente	1			
Manejar en Estado de Ebriedad	2	1		
Metemanos	2		1	1
Oler Cemento	2		2	
Pandillero	2		1	

Portación Arma de Fuego	7	1	1	
Prostitución	2	1		
Quebramiento de Sellos	3			
Rapto	32	1	3	
Ratero	3		1	
Razzia	93	12	27	2
Reventa de Boletos	10			
Robo	1028	148	173	9
Solicitud de Protección	2			
Sospechoso	54	11	9	
Tentiva de Fraude	2			
Tentaiva de Robo	81	11	15	
Tentativa de Violación	9		1	
Timador	1	1		
Toxicomano	1		1	
Tráfico de Drogas	1	1		
Vagancia	48	3	9	
Violación	78	5	10	

Consejo Tutelar Para Menores Infractores, Archivo General de la Nación.

Table 4: Reasons for Arrest and Female Minor Drug Consumer 1960 – 1975 from Sample Data.

Reason for Arrest	Total	Marijuana	Inhalants	Consumed but no Specified Drug Type
Aborto	7	0		
Abuso de Confianza	1	0		
Adulterio	6	0		
Amenazas	1			
Asalto	1			
Delitos Contra la Salud	8	6	2	1
Corrupción de Menores	2	1	1	
Daño en Propiedad Ajena	6		1	
Dificultades Mutuas	1			
Escandalo en la Via Pública	5	1		
Esturpo	5			
Faltas	20	1	2	1
Fraude	2			
Fuga	5	1		1
Golpes	2	1		1
Homicidio	11			
Homosexualidad	1			
Incesto	2			

Inconvenientes en la Vía Pública	3	1		
Incorregible	24	1		
Inhalación	1		1	
Injurias	1			
Intoxicación	6	1	5	
Irregularidades de Conducta	46	5	4	
Lesiones	12	1		
Prostitución	29		2	
Protección	8		1	
Rapto	4			
Razzia	3			
Reventa de Boletos	1			
Robo	38	1	1	2
Tentativa de Robo	1			
Vagancia	4	1		
Violación	2			

Consejo Tutelar Para Menores Infractores, Archivo General de la Nación.

Table 5: Figures for Graph 2. Entries of Men and Women Who Consumed Drugs Regardless of Crime Based on Year from Sample Data.

Year	Men Who Consume Drugs	Women Who Consume Drugs	Total
1960	5	2	7
1961	1		1
1962	3		3
1963	6	1	7
1964	10		10
1965	22		22
1966	25		25
1967	58	1	59
1968	39		39
1969	79	2	81
1970	78	4	82
1971	120	5	125
1972	168	5	173
1973	179	11	190
1974	45		45
1975	164	7	173

Consejo Tutelar Para Menores Infractores, Archivo General de la Nación.

Table 6: Figures for Graph 3. Type of Drug Consumed from Sample Data.

	Marijuana	Glue	Thinner	Pills and Barbiturates (Pasidrin, Cyclopal)	LSD or Mushrooms	Cocaine
1960	8					
1961	1					
1962	3					
1963	6					
1964	3	3	4			
1965	10	12	5	3		
1966	7	14	5			
1967	10	40	12	3		
1968	7	27	2	2	1	
1969	22	58	2	9		
1970	44	51	1	21		
1971	66	92	6	23		
1972	94	110	16	28	1	
1973	105	128	8	33	3	
1974	17	32	2	4		
1975	75	123	23	12	2	

Consejo Tutelar Para Menores Infractores, Archivo General de la Nación.

Table 7: Figures for Graph 4. Ages of Male Inhalant Consumers by Year from Sample

	6	7	8	9	10	11	12	13	14	15	16	17	18	19
1960														
1961														
1962														
1963														
1964								2		1	3		1	
1965									3	3	2	2		
1966						1	1	4	4	4	3		1	
1967					2	4	4	4	13	6	6	4	3	
1968				1		2	4	2	8	3	4	7		
1969				1		2	10	6	5	16	10	5	2	
1970				1	1	2	6	5	11	13	9	7	1	
1971				2	1	3	9	7	17	15	18	14	2	2
1972			1	2	1	3	4	6	8	12	32	28	5	
1973			1	2	1	2	3	11	17	24	21	31	5	1
1974		1			1			3	8	7	11			

1975		1		2	2	1	7	7	19	28	28	27	4	1
------	--	---	--	---	---	---	---	---	----	----	----	----	---	---

Consejo Tutelar Para Menores Infractores, Archivo General de la Nación.

Table 8: Figures for Graph 4. Ages of Female Inhalant Consumers Based on Year from Sample Data.

	6	7	8	9	10	11	12	13	14	15	16	17	18	19
1960														
1961														
1962														
1963														
1964														
1965														
1966														
1967														
1968														
1969														
1970														
1971									2					
1972	1								1			1		
1973								1		4			1	
1974														

1975										1	1	2		1
------	--	--	--	--	--	--	--	--	--	---	---	---	--	---

Consejo Tutelar Para Menores Infractores, Archivo General de la Nación.

Table 9: Figures for Graph 4. Ages of Male Marijuana Consumers Based on Year from Sample Data.

	6	7	8	9	10	11	12	13	14	15	16	17	18	19
1960											1	3	1	
1961												1		
1962											1		1	
1963										1		5		
1964										1		1	3	
1965									2	2	2	5	1	
1966						1			1	2		4		
1967									1	1	1	3	2	2
1968				1					1	1	1	3	1	
1969						2	2			3	4	9	2	
1970							3	1	2	10	10	12	2	
1971				1				2	7	14	19	17	2	3
1972							4	2	10	12	33	27	6	
1973							1	2	6	18	25	37	11	1
1974										2	13			

1975							2	1	5	11	15	33	5	
------	--	--	--	--	--	--	---	---	---	----	----	----	---	--

Consejo Tutelar Para Menores Infractores, Archivo General de la Nación.

Table 10: Figures for Graph 4. Ages of Female Marijuana Consumers Based on Year from Sample Data.

	6	7	8	9	10	11	12	13	14	15	16	17	18	19
1960											1	1		
1961														
1962														
1963														
1964														
1965														
1966														
1967														
1968														
1969										1				
1970									1					
1971								2			1			
1972							1	1						
1973									1	1	1			
1974														

1975											2	2		
------	--	--	--	--	--	--	--	--	--	--	---	---	--	--

Consejo Tutelar Para Menores Infractores, Archivo General de la Nación.

Table 11: Figures for Pie Chart No. 1 Male Drug Preference Between 1960 and 1975, Sample Data.

	Marijuana	Industrial Glue	Thinner	Barbiturates	LSD/Hallucinogenic Mushrooms
1960	6				
1961	1				
1962	3				
1963	5				
1964	2	3	4		
1965	10	12	5	3	
1966	7	14	4		
1967	11	40	12	2	
1968	7	27	2	2	1
1969	21	58	2	9	
1970	41	51	1	18	
1971	64	89	6	21	
1972	91	107	16	25	1
1973	101	121	8	31	3

1974	17	31	2	4	
1975	71	118	22	11	2

Consejo Tutelar Para Menores Infractores, Archivo General de la Nación.

Table 12: Figures for Pie Chart No. 2 Female Drug Preference Between 1960 and 1975, from Sample Data.

	Marijuana	Industrial Glue	Thinner	Barbiturates	LSD/Hallucinogenic Mushrooms
1960	2				
1961					
1962					
1963	1				
1964					
1965					
1966			1		
1967				1	
1968					
1969	1				
1970	3	1		3	
1971	2	3		2	
1972	3	3		3	
1973	4	7		2	

1974					
1975	4	5	1	1	

Consejo Tutelar Para Menores Infractores, Archivo General de la Nación

Table 13: Figures for Graph 5. Frequency of Drug Use Based on Sample Data.

	Once	Occasionally	Few times a Month	Few times a Week
1960				
1961				
1962				
1963				
1964				
1965		2	3	2
1966		2	2	6
1967	1	3	5	8
1968	1	2	4	4
1969	2		1	6
1970	3	6	4	6
1971	12	12	4	36
1972	9	28	11	80
1973	10	54	20	88
1974		4	3	17
1975	2	24	9	67

Consejo Tutelar Para Menores Infractores, Archivo General de la Nación.

Table 14. Figures for Graph No. 6. Places Where Minors Consumed Industrial Chemicals 1960 – 1975, from Sample Data.

Places Minors Consumed	Frequency
Markets	13
Movie Theaters	19
Abandoned Lots	23
Transportation Hubs	22
Parks	62
Apartment Complexes	13
Outside of Local Shops	30
Outside of Houses	5
Abandoned Houses	6
Parking Lots	3
Sports Facilities	5

Consejo Tutelar Para Menores Infractores, Archivo General de la Nación.

Table 15. Figures for Graph No. 7 Places Where Minors Consumed Marijuana 1960 – 1975, from Sample Data.

Places Where Minors Consumed	Frequency
Parks	24
Movie Theaters	7
Inside Houses/Apartments	31
Coffee Shops or Other Types of Shops	13
Inside a Car	11
Markets	7
Hotels	4
Ciudad Universitaria	3
Abandoned Lots	6
Pulquerías	3
Metro Stations	4

Consejo Tutelar Para Menores Infractores, Archivo General de la Nación.

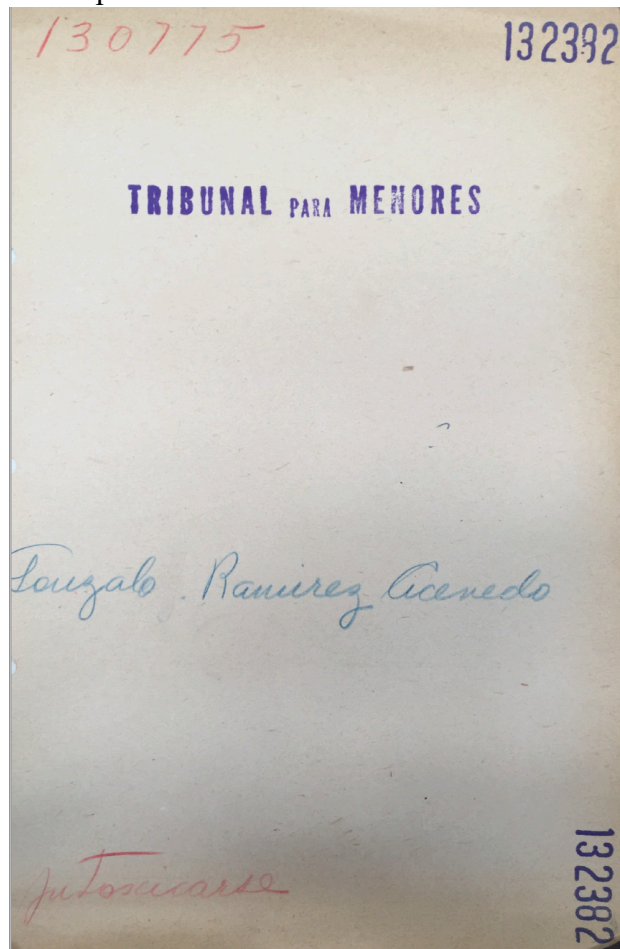
Appendix II

This appendix contains one example of a case file for a minor who was processed in the Juvenile Court. general, once a minor arrived to the Juvenile Court, he/she was assigned a caseworker who conducted an in-depth social investigation of the minor. The caseworkers focused on family and social environment, genetic and pathological history, personality analysis, and intelligence scores. As you will see at the end of the appendix, a minors' file began with police records and descriptions of arrest. The file then shows the social study the caseworker conducted, which includes the minor's testimony, testimony of other individuals involved (if applicable), age, address, family members, parents' marital status, education level, family income, extracurricular activities (or activities the minor enjoyed doing in their spare time), employment, conduct, sexual orientation, and the caseworkers' recommendation. The file then shows medical records, which include a question about drug, alcohol, and tobacco use. Subsequently, the file shows intelligence scores, and educational and psychological exams. Finally, the file shows the resolution to the minor's case. If the minor was arrested and detained in the Juvenile Court again, another investigation was conducted and those reports follow in the file.

Not all of the cases from the sample cases collected between 1960 and 1975 contain all aspects of the social investigation. Minors files from the sample cases contain bits and pieces of their social investigation. When I began gathering the sample Juvenile Court cases I attempted to collect all aspects of the social investigation; the example case in this appendix is one of the first files collected for this dissertation. As I quickly learned that the most important aspects were the police records, the initial social study, medical records, and resolution, I did not continue to document every single page in a minors file. Therefore, the majority of the sample cases collected only contain the aforementioned information. This example is of a minor who was arrested and

detained on several occasions, each for a different accused crime. The minor was reported to be a drug user as well.

“Example of A Minors Case”



Gonzalo Ramirez Acevedo, Exp.132382, Consejo Tutelar Para Menores Infractores, Archivo General de la Nación.

MINISTERIO PUBLICO.
JEFATURA DE POLICIA DEL D.F.

SEGUNDO TURNO.

262 129613.

Remitiendo menores. 58686

México, D.F. a 31 de Octubre de 1968

C. PRESIDENTE DEL H. TRIBUNAL PARA MENORES.
Presente.

Para que sean internados en esa Institución-
que Usted preside me permito remitir a los siguientes menores:

GABRIEL BIRRUETA OLVERA, relacionado con el parte rendido por
los Agentes 271 y 1184 del Noveño Grupo del Servicio Secreto-
de la Jefatura de Policía del Distrito Federal, documento que
se adjunta. Se remite un tubo de cemento chico.

GONZALO RAMIREZ ACEVEDO y ARTURO KAISER DURAN, relacionados-
con la orden número 16405/68 y parte rendido por los Agentes
números 74 y 328 del Segundo Grupo del Servicio Secreto de -
la Jefatura de Policía del Distrito Federal, documentos que
se anexan.

GAUDENCIO PEREZ LOPEZ y HUMBERTO PEREZ VEGA, relacionados --
con la orden número 16405/68 y parte rendido por los Agentes
números 74 y 328 del Segundo Grupo del Servicio Secreto de -
la Jefatura de Policía del Distrito Federal, documentos que
se anexan. Se remite la motocicleta marca CARABEIRA, dos asien-
tos, placas 16-44 del Edo. de México, modelo 1968 color azul
y gris. ARTURO KAISER DURAN, ambos menores, se pudo averiguar

GAUDENCIO PEREZ LOPEZ y HUMBERTO PEREZ VEGA, ambos menores, se pudo averiguar
que son hijos de malecheros que A T E N T A M E N T E.

SUFRAGIO EFECTIVO. NO REELECCION.

México, D.F., a 31 de Octubre de 1968.
El C. Agente del Ministerio Público. KAISER DURAN
Adsc. 2o. Turno Jefatura de Policía.

Lic. Guillermo Cuen Blancarte.

BUENAS NOCHES GUINACO.

TRIBUNAL PARA MENORES
EL Jefe del 2º Grupo
MEXICO, D. F.
RECIBIDO A LAS 11.19.6
FECHA 17 NOV 1968

8

JEFATURA DE POLICIA
D E L
DISTRITO FEDERAL
SERVICIO SECRETO
SEGUNDO GRUPO.
ORDEN N° 16405/68
AGTES. 74 y 328

ASUNTO:- ORDEN CUMPLIDA.-Poniendo a disposición de la Superioridad en los separos de esta Jefatura a los menores qu3 dijeron llamarse GONZALO RAMIREZ ACEVEDO y ARTURO KAISER DURAN, por los motivos que se indican.

México, D.F. a 31 de Octubre de 1968

AL C. LIC. Y CORL. S.S.
JEFE DEL SERV. SECRETO
P r e s e n t e

Tenemos el honor de hacer del Superior conocimiento de Usted, que en relación a la orden que se indica arriba, la que se refiere a localizar la motocicleta marca CARABELLA, Mod. 1968, con placas 16-44 del Edo de Méx., la cual fué robada cuando se encontraba estacionada en la Calz. Niño Perdido, frente a Telecomunicaciones, según denuncia presentada por el Sr. JUAN IGNACIO MORFIN AMEZACUA, en representación de la Cía. ACER-MEX, S.A. ubicada en las calles de Nueva York N° 191 Col Nápoles.

Nos permitimos manifestar a Ud. que trabajando las ordenes que tenemos a cargo y circulando por el perimetro de la Col. del Valle, sorprendimos a dos individuos, cuya actitud nos pareció sospechosa, y al ser abordados, no pudieron identificarse, por lo que fueron presentados en esta Jefatura, donde se procedió a interrogarlos en relación al robo de la motocicleta que se menciona en la orden, habiendonos manifestado ser ajenos al robo, pero que si presenciaron cuando un menor al que solo conocen con el nombre de GAUDENCIO, robó el vehículo que se encontraba estacionado frente a Telecomunicaciones.

Continuando la investigación en relación a los presentados GONZALO RAMIREZ ACEVEDO y ARTURO KAISER DURAN, ambos menores, se pudo averiguar que en unión de GAUDENCIO PEREZ LOPEZ y HUMBERTO VEGA, y otros, forman una pandilla de malechores que merodea en el perimetro de la Colonia del Valle y adyacentes.

Por lo antes manifestado, nos permitimos dejar a su disposición a los referidos menores: GONZALO RAMIREZ ACEVEDO y ARTURO KAISER DURAN para lo que a bien tenga Ud. determinar.

RESPECTUOSAMENTE

TTE. S.S. AGTE 74

SGTO. S.S. AGTE 328

RUBEN GARCIA CLIMACO.

GETULIO LOPEZ RAMIREZ

ENTERADO.

EL JEFE DEL 2/º GRUPO.

CAP 1/º S.S.

JOSE SALOMON TANUS.

20.15 Hs.

D. F. (I. de P.) S. Secr.-2.

D. F. (I. de P.) S. Secr.-2.

AGTE 1055 GPO 9

ORDEN NUMERO 16405.-

ASUNTO:-DENUNCIA, DESAPARICION O ROBO, del
Vehículo que se indica.

México, D. F., a 2 de Octubre de 19 68.

C. General
JEFE DE LA POLICIA DEL D. F.
P r e s e n t e.

JUAN IGNACIO MORFIN AMEZCUA, en representación de la fábrica
ACER-MEX, S.A. con domicilio en las calles de:
Nueva York #191, Col. Nápoles.

en esta Ciudad, ante usted atentamente expone:
QUE EN VISTA DE QUE: EL ~~auto-carro~~ **MOTOCICLETA**
MARCA: **CARABELLA** Tipo: **DOS ASIENTOS** PLACAS: ~~XXXX~~ **16-44 EDO.**
Motor: **20798** de 100 cc. ~~XXXXXX~~ **MODULO 1968.**
Color: **AZUL CON GRIS.**

Desapareció en las siguientes circunstancias: **que le fué robada**
el día de hoy como a las 16.00 horas, cuando la tenía estacionada
sobre la Calz. Niño Perdido frente a la Torre de Telecomunicacio-
nes.-

Y como no se tienen noticias
del referido Vehículo:

USTED C. JEFE DE LA POLICIA DEL DISTRITO FEDERAL, le suplico se sirva
ordenar sus respetables órdenes para su BUSQUEDA, en el concep-
to de que me comprometo dar AVISO a esta Jefatura en caso de encon-
trarlo.
Hma.

A T E N T A M E N T E .
Protesto lo necesario

CENTRO DE OBSERVACION E INVESTIGACIONES
TRIBUNALES PARA MENORES
DEPARTAMENTO DE PREVENCIÓN SOCIAL

SERVICIO DE IDENTIFICACION

Exp. 129613 Serie 101185 Fot.
Nombre GONZALO RAMIREZ ACEVEDO
Edad 14 años
Originario de México, D.F.
Domicilio Xola 61-17, Col. Alamos
Ocupación Estudia
Escolaridad 2do. año de Sec.
Padre Gonzalo Ramirez
Madre Virginia Acevedo
Tutor Vive con sus padres
Causa de ingreso ROBO

Forma: E-2333 I-3122

Inc.	{ Saliente si Intermedia Vertical Oblicua	Labios	{ Superior prominente si Inferior prominente Superior arriscado si Inferior colgado si
Alt.	{ Pequeña Mediana Grande si	Dim.	{ Pequeña Grande si
Part.	{ Jibas Senos Fosetas Perfil curvo Perfil abombado	Cent.	{ Comisuras
Dor.	{ Rectilíneo Lig. Cóncavo Convexo Sínusoso Repulgado	Part.	{ Morruza Incs. Des.
Alt.	{ Pequeña si Mediana Grande Anchura grande	Cont. Lóbulo	{ Descendente Escuadra Desc. Escd. Intermedio Golfo si Abund. cejas Reg.
Part. Dor.	{ Aplastado Desv. derecho Desv. izquierdo Encorvado En ese	Coler	{ Azul Verde si Castaño Pardo claro Negros
Part. Punta	{ Bola Bilobada Afilada Cabarroza Desviada	Est.	{ Est. derecho Est. izquierdo Est. total
Inc.	{ Vertical Oblicuo Saliente Lig.	Part.	{ Ciego Nubes Tuerto
Part.	{ Hoyuelo Surco Bilobado Foseta	Piel Color	{ Blanco Moreno claro Negro
		Piel	{ Pecosa Hoyosa
		Pelo	{ Color Cast.obs. Inserción en punta. Naturaleza lacio.

particulares una cicatriz en la mejilla izquierda, otras en la cara.

GAR DERECHO



EL DIRECTOR
Vo. B.

México, D. F., a 10. de noviembre de 1968.

EL OPERADOR



SECRETARIA
DE
GOBERNACION

R. 13.30

14-XI-68

M.M.L.

FORMA C. G. 2

DEPENDENCIA TRIUNAL PARA MENORES...
CENTRO DE OBSERV. E INVESTIG...
JUEZ: M.M.L.
SECCION SOCIAL...
MESA SEGUNDO TRIBUNAL...
NUMERO DE OFICIO...
EXPEDIENTE 129613.

ASUNTO: ESTUDIO SOCIAL DEL MENOR GONZALO RAMIREZ ACEVEDO.

AL C. DIRECTOR GRAL. DE LOS CENTROS
DE OBSERVACION E INVESTIGACIONES.
P R E S E N T E .

GENERALES: Gonzalo Ramírez Acevedo, de 14 años, originario de Salvatierra Gto., estudiaba.

PADRE: Gonzalo Ramírez López, de 45 años originario de Salvatierra, Gto., es ingeniero.

MADRE: Virginia Acevedo, de 39 años, originaria del mismo lugar, dedicada al hogar.

ESTADO CIVIL: Los padres estan casados por ambas leyes.

REGISTRO DEL MENOR: Juzgado del Registro Civil, Salvatierra, Gto., No 1713, libro 1, a la foja 8 vuelta, con fecha de nacimiento el 17 de octubre de 1954.

DOMICILIO FAMILIAR: Xola 61-17 Col. Alamos.

PROCEDENCIA: Ministerio Público, Jefatura de Policía del D.F., Segundo Turno, oficio 263/68, orden 16405/68 el 31 de octubre de 1968.

CAUSA DE INGRESO: Robo.

VERSION DE LA PARTE ACUSADORA: El señor Juan Ignacio Morfin A, manifiesta que el 2 de octubre, dejo la motocicleta (Marca Carabell - Modelo 1968- placas 16-44 del Edo., de México) estacionada en la Calzada Niño Perdido, frente a la torre de Telecomunicaciones, al llegar al octavo piso, se asomo a ver la moto y ya no estaba.

La motocicleta pertenece a la fábrica Acer-Méx S.A. (Nueva York 191 Col. Nápoles).

Pero que en vista de que la motocicleta robada fue recogida y quedado a disposición del Ministerio Público; ni la Compañía antes citada, ni el señor Morfin, solicitan nada en contra de los menores -- (y solo en caso necesario molestará a la C. Juez, para que giré la orden y sea devuelta la moto).

VERSION DE LOS MENORES RELACIONADOS: (Se hace una conclusión global de las declaraciones de los menores, para una secuencia mas logica -- en los acontecimientos, dichos menores relacionados tienen los expedientes siguientes: 129613.- 129614.- 129615.- 129616.

El menor Gaudencio López Ramos 129615) manifiesta que el día de los hechos al pasar frente a la torre de Telecomunicaciones, vió que estaba una motocicleta parada y decidió robarsela; pero como no sabia manejarla se la llevo jalando hasta casa de Gonzalo Ramírez (129613) -- pero como no lo encontró se fue con el vehículo al parque de la Colo-

CITASE EL NUM. DEL EXPEDIENTE AL CONTESTAR ESTE OFICIO



SECRETARIA
DE
GOBERNACION

DEPENDENCIA
.....
SECCION
MESA
NUMERO DE OFICIO
EXPEDIENTE 129613

ASUNTO: Hoja No. 2.

nia Postal, donde estaban Gonzalo Ramírez y Arturo Kaisser (129614), a quien les dijo que la moto se la había prestado un amigo, ambos se la pidieron para dar una vuelta en el mencionado parque, después de lo cual Gaudencio les pidió que lo enseñaran a manejarla, logrando únicamente aprender a "meter la primera velocidad". Se despidió de ellos al poco rato y se dirigió a casa de Humberto Pérez Vega (129616) que se encuentra a 2 cuadras del lugar y con la moto en primera velocidad, al llegar le dijo al citado Humberto que la moto era de un amigo, pero -- que como el no sabía manejarla lo llevara a la Secundaria para ver si había sido aceptado fueron a dicho lugar, y de regreso los detuvo un Agente de Tránsito, quien les dijo que si la moto era robada, respondiendo Humberto que no y que era de un amigo de Gaudencio, pero como el -- Agente no le creyó los condujo a Tránsito con la moto, de donde los remitieron a la Jefatura y hasta después de que fueron golpeados Gaudencio confesó que era robada, y señaló como cómplices, además de a Humberto, a Gonzalo y a Arturo, quienes fueron detenidos posteriormente. Los cuatro menores han coincidido en su declaración, además de señalar que tienen 6 meses de conocerse, con excepción de Gaudencio a quien conoce desde hace 1 1/2 mes.

INGRESOS ANTERIORES: Ninguno.

VIDA ANTERIOR: Su conducta no ha sido adecuada, a los 13 años su padre lo golpeo por su mala conducta, a consecuencia de lo cual el menor se fue de su casa por un lapso de 2 semanas viviendo con su abuela materna. Afirmando su señor padre que en otra ocasión se fue 3 días. En la escuela su conducta no era del todo positiva además de manifestar su falta de interés escolar.

Confieza que empezó a inhalar cemento hace 1 año, dándose cuenta en su casa 6 meses después, por lo que fue reprendido y golpeado por sus padres y hermanos, pero continuo, aunque asegura que tiene 1 mes de no inhalarlo y además esta bajo tratamiento en el I.S.S.S.T.E.

ESCOLARIDAD: Inicio la Primaria a los 5 años reprobó lo., y 4o.; el año pasado ingreso a la Secundaria pero no presentó los exámenes porque se tuvo que ir a Salvatierra Gto. a ver a su abuelo.

TRABAJO: Ha hecho algunos trabajos eventuales, como lavar y cuidar coches, y como dependiente, pero ha permanecido poco tiempo y nunca ha tenido un trabajo en forma.

DIVERSIONES: Natación, cine, carreras de caballos, domino.

ESFERA SEXUAL: Se inició a los 13 años.

MEDIO FAMILIAR: La familia esta formada por los padres y 10 hijos, 3 de los cuales ya estan casados, Héctor de 19 años que estudia, Araceli de 17 es Secretaria el menor en estudio, Elsa de 13 que estudia, Elia Virginia de 10 que estudia, y Javier de 9 que estudia.

CITASE EL NUM. DEL EXPEDIENTE AL CONTESTAR ESTE OFICIO



SECRETARIA
DE
GOBERNACION

FORMA C. G. 2

DEPENDENCIA
SECCION
MESA
NUMERO DE OFICIO
EXPEDIENTE 129613.

ASUNTO: Hoja No. 3.

RELACIONES FAMILIARES: Se consideran positivas, pues los padres han tratado de orientar adecuadamente a sus hijos, aunque el menor en estudio no ha sabido aprovechar eso.

INSTRUCCION FAMILIAR: El padre cursó hasta 2do., año de Ingenieria, - la madre hasta 4o., año de Primaria y en los hijos el nivel minimo -- cursado es la Primaria.

MEDIO EXTRAFAMILIAR: Amigos de su edad, que observan una conducta negativa y han llegado a intoxicarse con cemento.

RELIGION: Católica.

HABITACION: Alquilan un Departamento con 3 recámaras, cocina, comedor sala y baño.

BARRIO: Urbanizado y bien comunicado.

VIAS DE COMUNICACION: Penitenciaria Alamos, 201.

CONCLUSIONES: La falta de robo no fue comprobada y el menor no acepta haberla cometido.

Fue sincero al proporcionar los datos y se encuentra muy preocupado por su situación actual.

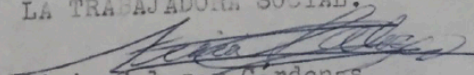
La parte acusadora no solicita nada en contra del menor.

El padre del menor se encuentra preocupado por la situación de su hijo, pero considera que esta experiencia le servirá para normar su conducta futura, en relación a la madre no pudo ser entrevistada por encontrarse hospitalizada.

La conducta del menor ha sido negativa por lo antes señalado, pero asegura que si se le permite salir de este Tribunal cambiará totalmente su conducta.

La familia es completa, organizada y las relaciones se consideran positivas ya que los padres tratan de encauzar adecuadamente a sus hijos pero el menor no ha sabido aprovechar esto.

Atentamente.
México, D.F., a 14 de noviembre de 1968.
LA TRABAJADORA SOCIAL.


Alicia Salazar Cardenas.

Asistente: Magdalena Siller.

els.

CITASE EL NUM. DEL EXPEDIENTE AL CONTESTAR ESTE OFICIO

SECRETARIA DE GOBERNACION

DEPARTAMENTO DE PREVENCION SOCIAL

FICHA MEDICA

IDENTIFICACION

Nombre: GONZALO RAMIREZ ACEVEDO Exp. No.: 129613 Tribunal:
Originario: ...Salvatierra Gto. Nacionalidad: ...Mex. Raza: ...Mest...
Domicilio: Xola 61 Depto. 17 col. "lamos Ocupación: ...Estudiante..
Fecha de Ingreso: 10. Noviembre 68. Sexo: Masculino Edad: 14 años..

ANTECEDENTES

Hereditarios y Familiares: (padecimientos mentales y somáticos en familiares)

Sus padres y 9 hermanos son aparentemente sanos.

Personales Patológicos y quirúrgicos:

Propias de la infancia. A la edad de 13 años, fué operado de las
(amígdalas).

Personales no Patológicos: Tabaquismo, Alcoholismo, Toxicomanías

Negativos.

Venéreos:

Blenorragia, hace 2 años. Tratada médicamente.

Desarrollo del instinto sexual:

Primer contacto hetero-sexual hace 4 meses ?.

Perversiones sexuales:

Negativos.

Estado actual:

Interrogatorio por Aparatos y Sistemas:

Respiratorio:

S. D. P.

Digestivo:

S. D. P.

Genitourinario:

S. D. P.

Circulatorio:

S. D. P.

Sistema Nervioso:

Pérdida del conocimiento, sin fenómenos convulsivos
(siones la última hace 4

Endocrino:

S. D. P.

Organo Vegetativo:

"

Organo de los Sentidos:

"

Alergias:

"

EXPLORACION FISICA

Habitus exterior: S. D. P.

Piel:

"

Cabeza:

"

CRANEO

Cara: S. D. P.

Ojos:

"

REFLEJOS

Agudeza Visual: O. D.

O. I.

Oídos:

Agudeza Auditiva: O. D.

O. I.

Nariz: S. D. P.

Boca: "

Faringe:

"

Cuello:

S. D. P.

Tórax:

"

Región precordial:

"

Abdómen:

"

Extremidades:

"

SECRETARIA DE GOBERNACION

DEPARTAMENTO DE PREVENCION SOCIAL

FICHA MEDICA

Pulso:

P. A. Max

Mn.

Organos Genitales internos y externos:

IDENTIFICACION

Nombre: S. D. P. Exp. No: 129613 Tribunal: ...
 Origen: ... Nacionalidad: ... Edad: ...
 Domicilio: ... Ocupación: ...
 Fecha de ingreso: S. D. P. Sexo: Masculino Edad: 14 años.

DATOS ANTROPOMETRICOS:

a los 14 años.

Media para su Edad.

ANTECEDENTES

Estatura Total: 156 154. 00
 Estatura parcial: 76
 Peso: 48. 100 43. 00
 Braza: 167
 P. T. Mx.: 86
 P. T. Mn.: 81.
 Ind. Hirsch.: 5
 D. AP. cráneo. 19 X 15 ---78
 Ins. Estatural: 48
 Ind. Vital: 52
 Seg. Antropométrico: 308. 3 278. 00
 Interpretación Antropométrica:

Macrocélico, aumentado, eutrófico.

Pruebas de Laboratorio:

Reacción serológica, vacunado contra la viruela.

Diagnóstico integral e influencia posible del estado somático sobre la conducta:

Estado actual:

Clinicamente sano.

Respiratorio:

México, D. F., a 4 Noviembre 68.

Digestivo:

Genitourinario:

Circulatorio:

MEDICO EXAMINADOR

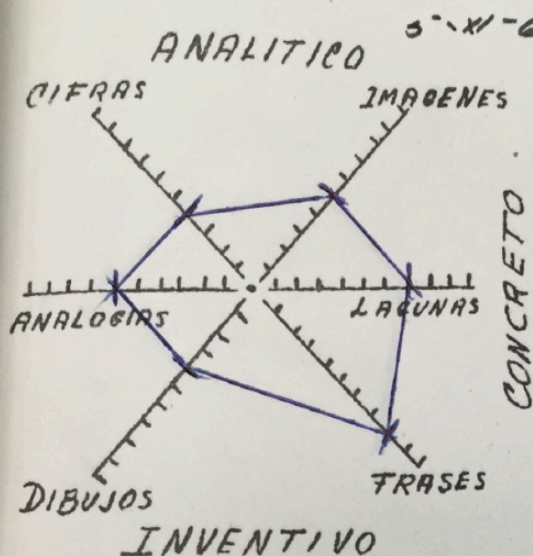
DRA. DE LEON

IMP E. O. V.

mmpg.

Nombre: Gonzalo B. Ramirez Aceneto Edad: 14 años Exp.: 129613

Fecha de Ingreso: 1960



SUMA TOTAL: 62.5
DECIL: 6°

DIAGNOSTICO

Inteligencia: Superior a la media
Predominio: Concreto
Deficiencia: Análisis

Alfaro
Imp. Re. Na. Elect.

CLINICA DE CONDUCTA

Fecha del examen: _____ Registro: _____

Nombre: _____ Edad: _____

Fecha de nacimiento: _____

Grupo: _____

SECRETARIA DE GOBERNACION
DEPARTAMENTO DE PREVENCIÓN SOCIAL
TRIBUNALES PARA MENORES
CENTRO DE OBSERVACIÓN E INVESTIGACIONES
SECCION PEDAGOGICA

*M. M. L.
G. Salazar*

Expte. N° 129613
Tribunal 20.

11 NOV

AL C. DIRECTOR
Presente.

Remito a usted el estudio pedagógico correspondiente al menor:

GONZALO RAMIREZ ACEVEDO.

Edad: 14-15 años.

HISTORIA ESCOLAR:

- A) INICIO SUS ESTUDIOS: A los 6 años en la Esc. Prim. "CENTRO REVOLUCION"
B) ASISTIO CON REGULARIDAD: No.
C) PROGRESO: Poco, cursó de 1o. hasta 6o. no sabe ni 5o. año.
D) DESERTO: No.

CAPITULO III

CLAVE: 38 - 4
39 - 2
40 - 2
41 - 1
42 - 8
43 - 2
44 - 4

CONOCIMIENTOS ACTUALES: CORRESPONDEN A 4o. AÑO.
DEFICIENTE EN ESCRITURA Y ORT.
BALANCE PEDAGOGICO: (No presentó documentos escolares)

APROVECHAMIENTO	CALIFICACIONES	
	NUMERO	LETRA
LA PROTECCION DE LA SALUD Y EL MEJORAMIENTO DEL VIGOR FISICO	6	seis
INVESTIGACION DEL MEDIO Y APROVECHAMIENTO DE LOS RECURSOS NATURALES	6	seis
COMPRESION Y MEJORAMIENTO DE LA VIDA SOCIAL	6	seis
ACTIVIDADES CREADORAS	6	seis
ACTIVIDADES PRACTICAS	6	seis
LENGUA NACIONAL	6	seis
ARITMETICA Y GEOMETRIA	6	seis
PROMEDIO GENERAL DE APROVECHAMIENTO	6	seis
PROMEDIO GENERAL DE CONDUCTA	8	ocho

ADQUIRIDOS EN : 8 años.

50 %

COEFICIENTE DE APROVECHAMIENTO:

2 años.

TIEMPO NORMAL NECESARIO PARA TERMINAR SU PRIMARIA:

RETARDO ESCOLAR: 2 años.

CONOCIMIENTOS EXTRAESCOLARES: Aprendiz zapatero.

México, D. F., a 11 de Nov. de 1968.

APLICO LA PRUEBA:

PROFRA. N. GUZMAN M.

JEFE DE LA SECCION
COMPRUEBA E INFORMA:

PROFRA. A. MARTINEZ G.

IMP. E. O.

58686

TRIBUNALES PARA MENORES

SEGUNDO

TRIBUNAL

RESOLUCION

El día 19 de noviembre de 1968 reunido en Pleno el

SEGUNDO

Tribunal para resolver lo que proceda respecto de

menor GONZALO RAMIREZ ACEVEDO Exp. 129613

quien se encuentra a disposición del mismo Tribunal por

ROBO

después del estudio del caso.

RESULTA:

1o.-GONZALO RAMIREZ ACEVEDO, de 14 años, originario de Salvatierra, Gto., e hijo de Gonzalo Ramírez y de Virginia Acevedo con domicilio en Xola No.61-17 col. Alamos.

2o.-Vino procedente de la Jefatura de Policía, segundo turno, acusado de robo.

No ha tenido ingresos anteriores.

3o.-De acuerdo con los estudios que le fueron hechos aparece clínicamente sano. Su inteligencia superior a la media con predominio concreto, deficiencia analítica. Sus conocimientos corresponden al 4o. año.

4o.-El medio familiar está formado por los padres y 10 hijos.

RESOLUCION:

La falta de robo no le fue comprobada a los menores aunque si su participación en el uso del vehículo robado, por lo tanto y en vista de que la parte acusadora no pide nada en contra de ellos, en presencia de sus familiares se les advierte de cual debe ser su conducta en el futuro, determinándose su libertad bajo la responsabilidad de su familia.

EL JUEZ INSTRUCTOR

PROFA. MA.M. DEJICIO.



SECRETARIA GENERAL DE JUSTICIA
DEL
GOBIERNO FEDERAL

D. F. (P. G. de J.) Procu.-11.

TR	MINISTERIO PUBLICO.
MEXICO, D. F.	JEFATURA DE POLICIA DEL D.F.
RECIBIDO A LAS	SECCION PRIMER TURNO.
FECHA 22 MAR 1969	MESA
	NUMERO DE OFICIO 75/69.
	EXPEDIENTE

Profa M.M.L.

Exp. ant. 129613 ASUNTO: El que se indica.

Juzg. M.M.L.

C. PRESIDENTE DEL TRIBUNAL PARA MENORES.

PRESENTE.

130775
59125

Por medio del presente, me permito remitir a Usted a los señores que se mencionan:

JOSE CORONA SANTAMARIA, relacionado con la Orden No. - 3303/69, parte rendido por los Agentes números 17 y -- 67 del Décimo Grupo.

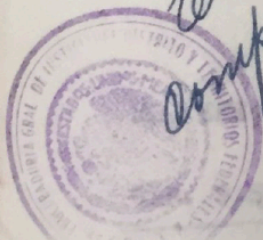
GONZALO RAMIREZ ACEVEDO, relacionado con el Parte rendido por el Agente No. 374 del Grupo de Patrullas.

ROBERTO MONTES DE OCA, relacionado con el Parte rendido por los Agentes números 98 y 1162 del Quinto Grupo del Servicio Secreto de la Jefatura de Policia del Distrito Federal.

itar al
padre urgente
ho 3 de marzo 1969
Mc M de Lina
Estudio psi coherente
completo
6 marzo 1969
Mc M de Lina

atentamente.
SUFRAGIO EFECTIVO. NO REELECCION.
Mexico, D.F. a 3 de Marzo de 1969.
EL AGENTE DEL MINISTERIO PUBLICO.

LIC. LEOPOLDO CALVO TREVIÑO.



MINISTERIO PUBLICO
JEFATURA DE POLICIA DEL D.F.

JEFATURA DE POLICIA
DEL.

JEFATURA DE POLICIA DEL D. F.
SERVICIO SECRETO

Grupo PAT. Orden No. _____
Agentes Nos. 374

México, D. F., a 1^o de Marzo de 19 68

Al C. Jefe del Servicio Secreto.

Presente:

Tenemos el honor de poner en el superior conocimiento de Ud., que con esta fecha, presentamos en la Guardia especial de Agentes de la Jefatura, por

RACION 'CEMENTERO' (menor)
a los individuos que dicen llamarse GONZALO RAMIREZ ACEVEDO

Permitiéndonos dejarlos a disposición de Ud. para lo que a bien tenga ordenar.

Respetuosamente.

El Agente No. 374

El Agente No. _____

61 Dpto. 17, Col. Alamos.

Por lo antes expuesto, queda el menor primeramente mencionado en los separos a su Disp. para lo que a bien tenga determinar al respecto.

RESPECTUOSAMENTE.

El Sgo. Ate. S.S. # 374.

R. Orozco
RAUL OROZCO GALINDO.

ENTERADO.

EL JEFE DEL GRUPO DE PATRULLAS:

Manuel Baena Camargo
CAP. S.S. MANUEL BAENA CAMARGO.

JEFATURA DE POLICIA
DEL
DISTRITO FEDERAL
SERVICIO SECRETO
GRUPO DE PATRULLAS
R A Z Z I A
AGTE. # 374 y 1023.

ASUNTO:--Poniendo a Disp, de la Superioridad en los separos de esta Jefatura al menor de edad que dijo llamarse: GONZALO RAMIREZ ACEVEDO, por los motivos que a continuación se indican.

México, D.F., a 3 de Marzo de 1969.

AL C. LIC. Y CORL. S.S.
JEFE DEL SERVICIO SECRETO.
P r e s e n t e .

Me permito hacer del Superior conocimiento de usted, -- que a petición de la Sra. Eulalia Gonzalez Valdes, con domicilio en -- las calles de Galicia # 289, Col. Alamos, fué presentado en los separos de esta Jefatura el menor arriba mencionado, por haberse introducido a su domicilio, sorprendido en el patio de ésta, no pudiendo dar -- una explicación, encontrándose en estado de intoxicación al parecer -- por cemento.

Posteriormente ya en ésta Jefatura, el menor presentado -- al ser ampliamente interrogado por el suscrito, acepta ser afecto a -- intoxicarse con cemento y el motivo de haberse introducido al domicilio donde fué sorprendido, fué por equivocación ya que vive cerca del lugar, manifestando vivir al lado de sus padres en las calles de Xola- # 61 Dpto. 17, Col. Alamos.

Por lo antes expuesto, queda el menor primeramente mencionado en los separos a su Disp. para lo que a bien tenga determinar al respecto.

RESPECTUOSAMENTE.

El Sgte. Agte. S.S. # 374.

R. Orozco
RAUL OROZCO GALINDO.

ENTERADO.
EL JEFE DEL GRUPO DE PATRULLAS:

M. Baena Camargo
CAP. S.S. MANUEL BAENA CAMARGO.

TRIBUNALES PARA MENORES

CENTRO DE OBSERVACION E INVESTIGACIONES

DEPARTAMENTO DE PREVENCIÓN SOCIAL

GABINETE DE IDENTIFICACION

100775

Queda identificado dactiloscópicamente EL MENOR

..... GONZALO RA MIREZ ACEVEDO.

.....
y se hace constar que desde el año de 1938 a la fecha tiene en los archivos de este Gabinete los siguientes antecedentes:

129613.- Gonzalo Ramirez Acevedo. Noviembre 10 de 1968. por robo,
Libre el 19 del mismo.

Ingreso Actual con Igual Nombre Marzo. 4/69. por sospechoso
Jef. de Pol. of. 75/69 del 3 del mismo.

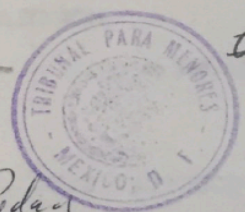
gab electo psic pedag

12-VIII-69

2º Tribunal

E.H.V.

132 382



Profa. M. M. L.

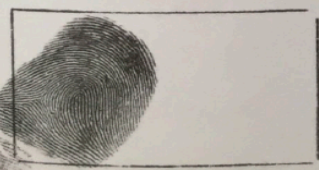
*Electo
Psic Completo - Pedagog
P.S. 17-V-69*

GABINETE
DE IDENTIFICACION

México, D. F., a 4 de Marzo de 1969.

P. EL DIRECTOR,

.....
PULGAR DERECHO



..... *Antemio Prado Casas*

Imp. Re.No.Elec

TRIBUNALES PARA MENORES

(OBRERO MUNDIAL 76)

se presenta la Sra. Eulalia Gonzalez Valdez, CENTRO DE OBSERVACION
quien declara que no pide nada en contra del menor, y lo único que quiere es que no la - E INVESTIGACIONES
vuelva a molestar, de los hechos dice; que - SECCION SEGUNDO TRIBUNAL
se encontraba el Garage y la puerta abierta - Expte. 130775
por lo que el menor vio la facilidad para in-
traducirse, que no le faltó al respeto y lo-
único que pide es que se le aconseje para que el menor se regenere. Of. Núm. PROFA. MA.M. DE L.

ASUNTO: CITATORIO

A EULALIA GONZALEZ VALDES
GALICIA NO. 289
COL. ALAMOS

Sírvase usted presentarse ante el suscrito a las..... 11.30
horas del día..... 6 de los corrientes
para la práctica de una diligencia.

Reitero a usted mi atención.

SUFRAGIO EFECTIVO. NO REELECCION.

México, D. F., a... 5 de..... MARZO..... de 196...9

P. AC. JUEZ INSTRUCTOR

Alba Terán.

SECRETARIA DE GOBERNACION

DEPARTAMENTO DE PREVENCION SOCIAL

FICHA MEDICA

IDENTIFICACION

Nombre: GONZALO RAMIREZ ACEVEDO Exp. No.: 130775 Tribunal:
Originario: Salbatama Gto. Nacionalidad: Mex. Raza: est.
Domicilio: Xola 61-17 col. lamos Ocupación: aprendiz de zapatero.
Fecha de Ingreso: 3 Marzo 69. Sexo: masculino Edad: 15-16 años.

ANTECEDENTES

Hereditarios y Familiares: (padecimientos mentales y somáticos en familiares)

Padres y 10 hermanos aparentemente sanos.

Personales Patológicos y quirúrgicos:

Sarampión, varicela, rinitis, gripas, a los 11 años, de edad fue operado de las amígdalas en una clínica del Seg. Social.

Personales no Patológicos: Tabaquismo, Alcoholismo, Toxicomanías

Acostumbra intoxicarse con cemento.

Venéreos:

Hace 2 años, padeció blenorragia fué atendido en una clínica del S. S.

Desarrollo del instinto sexual:

A los 13 años. Relaciones hetero-sexuales desde los 13 años.

Perversiones sexuales:

Ninguna.

Estado actual:

Interrogatorio por Aparatos y Sistemas:

Respiratorio:

S. D. P.

Digestivo:

S. D. P.

Genitourinario:

S. D. P.

Circulatorio:

S. D. P.

Sistema Nervioso:
Temperamento un poco nervioso.

Endocrino:
NORMAL

Organo Vegetativo:
NORMAL

Organo de los Sentidos:
NORMALES.

Alergias:
Ninguna.

EXPLORACION FISICA

Habitus exterior:

Piel: Buen desarrollo muscular y adiposo.

Cabeza: N.

CRANEO Mesaticéfalo. (Índice cefálico 77)

Carra: Mesoprosopia. Nostra ~~ben~~ región malar izq.

Ojos:
N.

REFLEJOS

Agudeza Visual: O. D. NORMAL O. I. NORMAL

Oídos:

Agudeza Auditiva: O. D. " O. I. "

Nariz: NORMAL

Boca: Lengua saburral.

Faringe: NORMAL

Cuello:

Adenitis sub-maxilar bilateral.

Tórax:

NORMAL

Región precordial:

"

Abdómen:

"

Extremidades:

"

Cicatriz queloide en hombro derecho.

Pulso

Orga

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Pe

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1

IMP E 2

Pulso:

P. A. Max

Mn.

Organos Genitales internos y externos:

NORMALES.

Región Ano-Rectal:

NORMAL

DATOS ANTROPOMETRICOS:

Media para su Edad.

Estatura Total:	159		160.50
Estatura parcial:	77		
Peso:	K 50.500	K	48.500
Braza:	169		
P. T. Mx.:	87		
P. T. Mn.:	80		
Ind. Hirsch.:	7		
D. AP. cráneo.	18	14	
Ins. Estatural:	48		
Ind. Vital:	50		
Seg. Antropométrico:	317.61		303.00
Interpretación Antropométrica:			

macrocéfico, normal, eutrófico.

Pruebas de Laboratorio:

Reacción serológica, vacunado contra la viruela.

Diagnóstico integral e influencia posible del estado somático sobre la conducta:

Se intoxica con cemento.

México, D. F., a5...Marzo..69....

MEDICO EXAMINADOR

DRA. GONZALEZ.

IMP E. O. V.

mpg.

C. Director Gral. de los Centros de
Observación e Investigaciones de los
Tribunales para Menores.
E d i f i c i o.

1944

Me permito remitir a usted, el resultado del estudio practica-
do al menor GONZALO RAMIREZ ACEVEDO, de 15 años de edad, originario de Salva-
tierra, Gto.

II.- MOTIVO DE INGRESO Y PROCEDENCIA: Es remitido por la Jefatura de Poli-
cía por Razzia (cementero).

III.- INGRESOS ANTERIORES: Uno por Robo en Noviembre/68.

IV.- INTEGRACION DEL GRUPO FAMILIAR: Está integrado por la madre y 10 hijos
cuyas edades fluctúan entre los 24 y 9 años de edad. El padre vive con --
ellos (no vive) aunque diariamente visita el hogar.

V.- DATOS BIOGRAFICOS DEL MENOR: El menor comenzó a estudiar el 1er. año de
Secundaria, pero lo suspendió. Ocasionalmente ha trabajado como ayudante -
de zapatero en el taller de su abuelo.

VI.- ANTECEDENTES PERSONALES:

A).- Antecedentes obstetrico: La madre padeció paludismo durante el -
embarazo del menor, por lo que estuvo bajo control médico. No hubo atención-
médica oportuna durante el parto. El niño nació solo y según palabras de la
madre se torció el cuello. También se sospecha posible anoxia.

B).- Antecedentes patológicos: Enfermedades propias de la infancia.

C).- Antecedentes no patológicos: Inició el 1o. de Secundaria. Ha --
sido aprendiz de zapatero.

VII.- HISTORIA PSICODINAMICA DEL MENOR HASSTA EL MOMENTO DEL INGRESO ACTUAL:

El menor es el 7o. hijo de una familia de 10. El padre cuenta actual -
mente 44 años de edad, y la madre 45, están casados legalmente. El padre es-
quien sostiene económicamente la casa aunque no vive con la familia. Desde -
que la madre tenía 13 años padece de paludismo, desapareciéndole por largas --
temporadas y encasi todos sus embarazos vuelve a-parecer, lo mismo ocurrió -
con el de Gonzalo, por lo que tuvo que ser atendida médicamente. Des-
de que se casaron vivió el matrimonio al lado de otras 3 familias bastante nu-
mérica, familias que eran de las hermanas del señor, siendo en total unas -
27 gentes. Los disgustos eran frecuentes. Cuando la señora tenía 7 meses-
de embarazo del menor se vió precisada a irse a su tierra, ante la imposibi-
CITESE EL NUM. DEL EXPEDIENTE AL CONTESTAR ESTE OFICIO



SECRETARIA
DE
GOBERNACION

- 2 -

SECCION PSICOLOGICA

MESA

NUMERO DE OFICIO

EXPEDIENTE 130775

ASUNTO:

lidad de ser atendida aquí en México. Durante ese tiempo no recibió ayuda económica de su esposo. Hasta que el menor tuvo 2 meses de nacido lo conoció el padre y fue hasta que tuvo 7 meses que se vinieron a México, encontrándose la señora con que su esposo ya vivía con otra mujer, "pero como es un hombre responsable", dice la señora la llevo a vivir aparte de su familia política, encargándose del sostenimiento económico de la familia. Hasta la fecha visita su hogar diariamente, se informa de la conducta de los hijos, los lleva a la escuela etc..., pero no viven con ellos.

Los primeros meses de vida del menor fueron deficientes en cuanto a alimentación, pues la madre le daba exclusivamente pecho, y su leche era muy escasa. En cuanto a su desarrollo psicomotriz se informó que el menor ingresó a la escuela a los 6 años y aún no hablaba bien. Fue un niño que desde pequeño hasta los 8 años aproximadamente se privaba fácilmente, sobre todo ante las frustraciones. A decir de la madre es sumamente nervioso, inquieto, siempre ha habido quejas de conducta en la escuela, su rendimiento escolar ha sido bajo. De unos dos años para acá su conducta se ha hecho más irregular. Desertó de la escuela, vaga todo el día descuida hábitos de limpieza etc..... Las relaciones con todos sus hermanos son francamente negativas. Hace varios meses inhala cemento.

VIII.- ANALISIS DE LOS HECHOS ACTUALES: Es presentado a esta Institución por sospechoso, pues se le encontró en el interior de una casa. No se le comprobó robo, aunque sí el hecho de que iba intoxicado con cemento.

IX.- RESULTADO DE LOS ESTUDIOS PSICOLOGICOS PRACTICADOS: Las pruebas aplicadas traducen una buena capacidad intelectual. Se relaciona con el medio en forma evasiva insegura, precavida, distante, evita el enfrentarse directamente con su medio. De nota excesiva fantasía, así como una disminución del gobierno mental de los impulsos; su capacidad de crítica es baja. Es un sujeto que frente a la tensión percibe la necesidad de afianzarse cada vez más. Hay claras muestras de carencia AFECTIVA; en tempranas épocas de la vida; persiste en el sujeto necesidades de apoyo; hay ausencia bien definida de identificación sexual.

X.- RESULTADO DEL ESTUDIO EEG: Anexo.

XI.- RESULTADO DEL ESTUDIO MEDICO: RESULTADO DEL ESTUDIO MEDICO: Anexo.

XII.- INFORMES OBTENIDOS EN EL CENTRO DE OBSERVACION: No hay reportes.

XIII.- DIAGNOSTICO PSIQUIATRICO Y PSICOLOGICO: Es un sujeto con grandes necesidades afectivas, que han generado una postura receptiva, pasiva, francamente infantil.

XIV y XV.- PRONOSTICO DE SOCIABILIDAD Y PELIGROSIDAD: Está intimamente relacionado con la orientación que se le da a esta crisis de adolescencia.

CITESE EL NUM. DEL EXPEDIENTE AL CONTESTAR ESTE OFICIO



SECRETARIA
DE
GOBERNACION

- 3 -

ASUNTO:

FORMA C. G. 2

DEPENDENCIA
SECCION PSICOLOGICA.
MESA
NUMERO DE OFICIO
EXPEDIENTE L#) & % 130775

XVI.- SUGESTIONES Y PLAN DE TRATAMIENTO: Se sugiere que el menor continúe el tratamiento psiquiátrico que había iniciado en el I.S.S.S.T.E.

A T E N T A M E N T E.

México, D. F., 19 de Marzo de 1969.

EL JEFE DE LA SECCION.

DR. CARLOS TORNERO DIAZ.

Gpe. Ruiz.

TRIBUNALES PARA MENORES

SEGUNDO

TRIBUNAL

RESOLUCION

El día 20 de marzo de 1969, reunido en Pleno el
SEGUNDO Tribunal para resolver lo que proceda respecto de
menor GONZALO RAMIREZ ACEVEDO Exp. 130775
quien se encuentra a disposición del mismo Tribunal por
RAZZIA después del estudio del caso.

RESULTA:

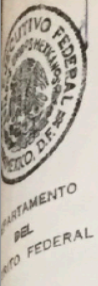
- 1o.-GONZALO RAMIREZ ACEVEDO, de 15 años, originario de Salvatierra Gto., e hijo de Gonzalo Ramírez y de Virginia Acevedo, con domicilio en Xola No. 61-7 Col. Alamos.
- 2o.-Vino procedente de la Jefatura de Policía, primer turno, acusado de razzia.
- Tiene registrado un ingreso anterior.
- 3o.-de acuerdo con los estudios que le fueron hechos aparece ---- como toxicómano. Sus conocimientos corresponden al 4o. año.
- 4o.-El medio familiar está formado por los padres y 10 hijos.

RESOLUCION:

Se presentó la parte acusadora a estos Tribunales y declaró no pedir nada en su contra, pero si se comprobó que el menor acusa tumbra intoxicarse con cemento, se orienta al padre sobre este hecho, y este Tribunal determina la libertad del menor bajo la responsabilidad de su padre, advertidos ambos que de haber un nuevo ingreso serán tomadas las medidas que se consideren convenientes para su encauzamiento.

EL JUEZ INSTRUCTOR

Ma M de Lucio
PROFA. MA.M. DE LUCIO.



Recibido.
A las 18.45 h.
8-VIII-69
[Signature]

DEPENDENCIA	Dir. Gral. de Gobernación Tribunal Calificador Doceava Delegación segundo turno.
SECCION	
MESA	
NUMERO DE OFICIO	195/69.
EXPEDIENTE	

ASUNTO: SE envia a esa Institución al menor Gonzalo Ramirez Acevedo, por el motivo que se indica.

✓ Exp ant. 130775
Juez m. m. l.

C. PRESIDENTE DEL TRIBUNAL PARA MENORES
P R E S E N T A.

Me permito enviar a Ud., para los efectos que procedan, al menor de edad que dijo llamarse Gonzalo Ramirez Acevedo y el que fue condignado por el C. Agente Investigador del Mo Po., con la Bleta =13041 con la queja : POR INCORREGIBLE CON SU PADRE, EL SR. GONZALO RAMIREZ LOPEZ; quien explica que su hijo anda todo el día en la calle vagueando, sin dedicarse a estudiar; perdiendo el tiempo y que ya le ha notado ciertas inclinaciones a tener vicios, chupando cemento industrial, tomando pastillas toxicas, por lo que le ha llamado la atención y no le hace el menor caso de corregirse y que el día de ahora en su estado de intoxicación trato de arrojarle de el balcón de su propia casa del segundo piso.

Que es todo lo que manifiesta por el momento -- y dando como domicilio, la calle de Xola 61 interior 17 de la Col. Alamos, zona postal 13.

Protesto a Ud, las seguridades de mi atenta y distinguida consideración.



El J. ez Cal. del 2o. turno.
de la Doceava Delegación
[Signature]
LIC. ROBERTO MALTOS FUENTES.

LEGADO CALIFICADOR
12a. DELEGACION

RECEBIDO	12a. DELEGACION
MEXICO, D. F.	
R.	8-20 de
FF	9-AGO 1969

C.C P. EL Jefe de la Ofna. c.c. de Infracciones. presente.

TRIBUNALES PARA MENORES

CENTRO DE OBSERVACION E INVESTIGACIONES

DEPARTAMENTO DE PREVENCION SOCIAL

GABINETE DE IDENTIFICACION

F. T. Z.

132382

Queda identificado dactiloscópicamente el menor

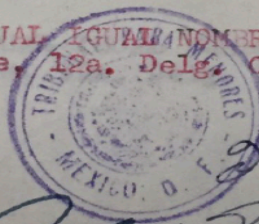
GONZALO RAMIREZ ACEVEDO

y se hace constar que desde el año de 1938 a la fecha tiene en los archivos de este Gabinete los siguientes antecedentes:

129613.- GONZALO RAMIREZ ACEVEDO, Nov. 1/68, por Robo.
Libre el 19 del mismo.

130775.- IGUAL NOMBRE, marzo 4/69, por Sospechoso. Libre el 20 del mismo.

INGRESO ACTUAL IGUAL NOMBRE, agosto 9/69, por Incorregible. 12a. Delg. Of. 195/69, del 8 -- del mismo.



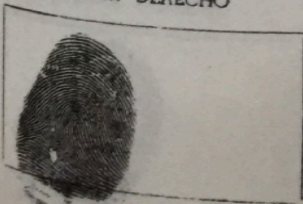
de Tribunal.

Est. Biometrico

P.S. 17-X-69

Jefe: Prof. M. M. S.
GABINETE DE IDENTIFICACION

PULGAR DERECHO



México, D. F., a 9 de agosto

de 1969.

P. EL DIRECTOR,

Artenio Prado Casas.

Imp. Re.No.Elect.

SECRETARIA DE GOBERNACION
DEPARTAMENTO DE PREVENCION SOCIAL

FICHA MEDICA

11 AGO 1969

IDENTIFICACION
Nombre: GONZALO RAMIREZ ACEVEDO. Exp. No.: 132382 Tribunal:
Lugar de nacimiento: León, Gto. Nacionalidad: Mexicana. Raza: Mestiza.
Identificación: Xola #. 61-17. Col. Alamos. Ocupación: Estudiante.
Fecha de Ingreso: 8 de agosto de 1969. Sexo: Masculina. Edad: 15-16 años.

ANTECEDENTES

Hereditarios y Familiares: (padecimientos mentales y somáticos en familiares) Sin importancia.

Personales Patológicos y quirúrgicos: Sarampión, tosferina, varicela, amigdalitis, amigdalectomía hace 4 años.

Personales no Patológicos: Tabaquismo, Alcoholismo, Toxicomanías
Ocasional. Ocasional. Neg.

Venéreos: Blenorragia hace 3 años.

Desarrollo del instinto sexual: Primer contacto heterosexual hace 2 años.

Perversiones sexuales: Onanismo positivo.

Estado actual:

Interrogatorio por Aparatos y Sistemas:

Respiratorio: S.D.P.

Digestivo: S.D.P.

Genitourinario: S.D.P.

Circulatorio: S.D.P.

Sistema Nervioso: S.D.P.

Endocrino: S.D.P.

Organo Vegetativo: S.D.P.

Organo de los Sentidos: S.D.P.

Alergias: S.D.P.

EXPLORACION FISICA

Habitus exterior: S.D.P.

Piel: S.D.P.

Cabeza: S.D.P.

CRANEO Mesaticefalo.

Caras: Mesoprosopia.

Ojos: Verdes.

REFLEJOS

Agudeza Visual: O. D. Normal. O. I. Normal.

Oídos:

Agudeza Auditiva: O. D. Normal O. I. Normal.

Nariz: S.D.P.

Boca: Caries de una pieza dentaria.

Faringe: S.D.P.

Cuello: S.D.P.

Tórax: S.D.P.

Región precordial: S.D.P.

Abdómen: S.D.P.

Extremidades: S.D.P.

Pulso: 84

P. A. Max

Organos Genitales internos y externos:

Normales.

Mn.

Región Ano-Rectal: Normal.

DATOS ANTROPOMETRICOS:

A los 15 años.

Media para su Edad.

Estatura Total: 160

160.50

Estatura parcial: 78

Peso: 53 K.

K.48.500

Braza: 168

P. T. Mx.: 86

P. T. Mn.: 82

Ind. Hirsch.: 4

D. AP. cráneo. 19.0-14.5

Ins. Estatural: 48

Ind. Vital: 52

Seg. Antropométrico: 331.2

303.00

Interpretación Antropométrica:

Macrocelico. Aumentado. Eutrofico.

Pruebas de Laboratorio:

Reacción serológica, vacunado contra la viruela.

Diagnóstico integral e influencia posible del estado somático sobre la conducta:

CLINICAMENTE SANO.

México, D. F., a 9 de agosto de 1969

MEDICO EXAMINADOR

DR. ROBERTO CERVERA.

Imp. Re. No. Elect.

Na. Elec.

TRIBUNALES PARA MENORES

SEGUNDO TRIBUNAL

RESOLUCION

El día 11 de agosto de 196 , reunido en Pleno el

SEGUNDO

Tribunal para resolver lo que proceda respecto de

menor GONZALO RAMIREZ ACEVEDO Exp. 132382

quien se encuentra a disposición del mismo Tribunal por

IRREG. DE C. D.C.I.A.S. después del estudio del caso.

RESULTA:

- 1o.-GONZALO RAMIREZ ACEVEDO, de 15 años, originario de Salvatierra, Gto., e hijo de Gonzalo Ramírez y de Virginia Acevedo, con domicilio en Xola No. 61-7 Col. Alamos.
- 2o.-Vino procedente del Doceavo Tribunal Calificador, segundo turno, acusado de irreg. de conducta y delitos contra la salud. Tiene registrados dos ingresos anteriores.
- 3o.-De acuerdo con los estudios que le fueron hechos en su ingreso anterior aparece, como toxicomano. Sus conocimientos corresponden al 4o. año.
- 4o.-El medio familiar está formado por los padres y 10 hijos.

RESOLUCION:

En vista de que el menor es reincidente específico y que no modifica su conducta, sino por el contrario su comportamiento es cada vez peor, este Tribunal determina su internamiento en la ESCUELA ORIENTACION VARONES donde será inscrito en el 5o. año de la esc. primaria y entrenado en labor manual u oficio que le sea de utilidad en el futuro, así mismo se le someterá de ser posible a tratamiento psicoterápico para ver si se le destierra el hábito de la droga (pastillas, cemento, thinner).

EL JUEZ INSTRUCTOR

MA. M. DE LUCIO.
PROFA. MA.M. DE LUCIO.

Imp. Re. Na. Elect.

TRIBUNAL PARA MENORES

SEGUNDO TRIBUNAL
TRIBUNAL PARA MENORES

132382

SEGUNDO TRIBUNAL
PROFA. MA.M. DE LUCIO

132382

Resolución dictada por el Segundo Tribunal para Menores, el día

11 de agosto de 1969, en el caso del menor GONZALO RAMIREZ ACEVEDO, de 15 años, originario de Salvatierra, Gto., e hijo de Gonzalo Ramírez, y de Virginia Acevedo, con domicilio en Xola no. 61-7 Col. Alamos.

El menor ingresó a estos Tribunales procedente de la Direc. Gral. de Gob., Doceavo Tribunal, segundo turno, según oficio de no. 195/69 de fecha 9 de los corrientes acusado de irregularidades de conducta y delitos contra la salud.

De acuerdo con los estudios que le fueron hechos en el Centro de Observación e Investigaciones resulta: Que el menor fue llevado a la relegación por su señor padre, en virtud de que el menor ha continuado con sus irregularidades de conducta, y cada vez mas es afecto a intoxicarse, y ha empeorado su conducta a pesar de dos oportunidades anteriores no ha modificado su conducta. aparece como toxicomano. Sus conocimientos corresponden al 4o. año.

En consideración a que el menor no ha aprovechado las dos oportunidades anteriores, ha continuado con su conducta negativa, es procedente impartirle medidas educativas, al mismo tiempo se le someterá a tratamiento psicoterápico para ver si se le destierra el habito de la droga.

Por lo expuesto y con fundamento en los artículos 119 y 120 del Código Penal y o., 73, 80 81 y relativos de la Ley Organica

Resolución dictada por el Segundo Tribunal para menores, el 11 de agosto de 1969, en el caso del menor GONZALO RAMIREZ ACCEVEDO, de 15 años, originario de Salaverry, Ote. y hijo de GONZALO RAMIREZ y de Virginia Acevedo, con domicilio en Xa lo.-Es procedente que el menor GONZALO RAMIREZ ACCEVEDO pase internado a la ESCUELA ORIENTACION VARONES donde será inscrito en el 5o. año de la escuela primaria, entrenado en labor manual y sometido a tratamiento psicoterapéutico, al mismo tiempo sometido a tratamiento para desterrar el hábito de la droga.

2o.-Envíese copia de esta resolución al Depto. de Prev. Social, lo que resolvieron y firmaron los C. Jueces que integran el Segundo Tribunal.-C. Juez Profa. María M. de Lucio.-C. Juez Dr. Mario Chazaro Mimendi.-C. Juez Lic. Eduardo Gutierrez Preciado, ante el C. Secretario de Acuerdo Lic. Luis Macías Cardona que da fe.-

Ma. de Lucio

[Signature]

CENTRO DE OBSERVACION
E INVESTIGACIONES

DIRECCION.

Of. TM— 238.

E. 132382.

ASUNTO: Se remite al menor:
GONZALO RAMIREZ ACEVEDO.

AL C. DIRECTOR DE LA
ESCUELA ORIENTACION PARA VARONES.
P R E S E N T E .

Por acuerdo del Segundo Tribunal.

tengo el honor de remitir a ustedes a. 1 menor que se cita con: Resolución
y ESTUDIOS COMPLETOS.

quien deberá quedar internado en ese Establecimiento a su digno cargo y a disposi-
ción de PREV. SOCIAL.

Reitero a usted mi atenta consideración.

SUFRAGIO EFECTIVO. NO REELECCION

México, D. F., a... 12 de.... agosto..... de 1969.

12 AGO 1969

SECRETARIA DE GOBERNACION
ARCHIVO DE PREV. SOCIAL El Director,

AGO. 20 1969

OFICIALIA DE PARTES

DR. GILBERTO BOLAÑOS CACHO.

C. C. para el Depto. Prev. Social.

SMM.

RECIBI AL MENOR.

IMP. E. O. V.

TRIBUNALES PARA MENORES

SEGUNDO TRIBUNAL

RESOLUCION

El día 8 de septiembre de 196 , reunido en Pleno el

SEGUNDO Tribunal para resolver lo que proceda respecto de

menor GONZALO RAMIREZ ACEVEDO Exp. 132382

quien se encuentra a disposición del mismo Tribunal por

DELITOS C. LA SL. después del estudio del caso.

MODIFICACION DE RESOLUCIO

No obstante el corto período de internamiento del menor, al comprobar el padre que daña al hijo el tratamiento requerido así como que seguira estudiando, este Tribunal modifica su resolución en el sentido de que el menor quede e ternado bajo la responsabilidad de sus padres.

EL JUEZ INSTRUCTOR

Ma de Luis
PROFA. MA.M. DE LUIS.



DEPENDENCIA	DFTO. DE PREV. SOCIAL...
	ESCUELA ORIENTACION...
	PARA VARONES...
SECCION	DIRECCION.
MESA	DE CORRESPONDENCIA.
NUMERO DE OFICIO	811
EXPEDIENTE	Trib. 132382-Exp. Esc. 236-69

ASUNTO:

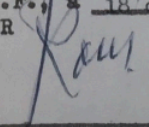
Acuse de recibo del menor, GONZALO RAMIREZ
ACEVEDO.

C. DIRECTOR DEL CENTRO DE OBSER-
VACION E INVESTIGACION.
Obrero Mundial No. 76
México, D.F.

Con relación a su atento Oficio No. 238 expediente 132382
de fecha 12 del actual, me permito acusar a usted recibo —
del menor GONZALO RAMIREZ ACEVEDO, así como de la copia
de RESOLUCION y ESTUDIOS COMPLETOS.

quedando internado en este Plantel a disposición del Departamento
de Prev. Social.

Atentamente.
SUFRAGIO EFECTIVO. NO REELECCION.
Tlalpan, D.F., a 18 de Agosto de 1969
EL DIRECTOR

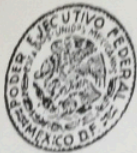

Lic. Victor Manuel Rossi Flores.

c.c.p. C. Jefe del Depto. de Prev. Social.

E AL CONTESTAR ESTE OFICIO

AHM/11

CITEP



SECRETARIA
DE
GOBERNACION

FORMA C. G. 2. A.

DEPARTAMENTO DE PREVENCIÓN SOCIAL
OFICINA DE TRATAMIENTO DE MENORES
EJECUCIÓN Y CONTROL

EXPEDIENTE: - 86984.

ASUNTO:- Se comunica modificación de resolución del H. Tribunal de Menores; GONZALO RAMIREZ ACEVEDO.

C. DIRECTOR DE LA ESCUELA
ORIENTACIÓN PARA VARONES.
San Fernando # 1,
Tlalpán, D.F.

[Handwritten signature]

28313

El H. Tribunal para Menores comunica a este Departamento, que ha modificado la resolución por la cual dispuso que el(la) menor GONZALO RAMIREZ ACEVEDO, quedara internado(a) en la Institución a su cargo, por lo tanto, y con motivo de la externación que ahora se ha concedido, ruego a usted entregarlo(a) a su padre Sr. Gonzalo Ramírez, quien se responsabilizara de su control moral y material en el futuro.

Lo hago de su conocimiento para los efectos consiguientes.

Atentamente.
SUFRAGIO EFECTIVO. NO REELECCION.
Mexico, D.F., a 11 de septiembre de 1969.
EL C. JEFE DEL DEPARTAMENTO.

[Handwritten signature]
DR. FRANCISCO NUÑEZ CHAVEZ.



c.c.p. El H. 2do.- Tribunal para Menores Exp. 132382.- Obrero
Mundial # 76.- Ciudad.
c.c.p. El(la) interesado(a): Sr. Gonzalo Ramírez.- ~~Excmo.~~
Xola No. 61-17 Col. Alamos, D.F.

ORH/pv. S.-53907.

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 Ramo Presidentes
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Universidad Nacional Autónoma de México (UNAM)
 Hemeroteca Nacional
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